

116TH CONGRESS
1ST SESSION

H. R. 1646

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

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 of 2019” or the “HERO Act
6 of 2019”.

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

3 The Public Health Service Act is amended by insert-
4 ing after section 317T of such Act (42 U.S.C. 247b–22)
5 the following:

6 **“SEC. 317U. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC**
7 **SAFETY OFFICER SUICIDE INCIDENCE.**

8 “(a) IN GENERAL.—The Secretary, acting primarily
9 through the Director of the Centers for Disease Control
10 and Prevention and in coordination with other agencies
11 as the Secretary determines appropriate, shall—

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

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

17 “(B) facilitating the study of successful
18 interventions to reduce suicide among public
19 safety officers; and

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

24 “(b) DATA COLLECTION.—In collecting data for the
25 Public Safety Officer Suicide Reporting System, the Sec-

1 retary shall, at a minimum, collect the following informa-
2 tion:

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

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

8 “(A) age and gender of the public safety
9 officer;

10 “(B) State;

11 “(C) occupation; including both the indi-
12 vidual’s role in their public safety agency and
13 their primary occupation in the case of volun-
14 teer public safety officers;

15 “(D) status of the public safety officer as
16 volunteer, paid-on-call, or career; and

17 “(E) status of the public safety officer as
18 active or retired.

19 “(c) CONSULTATION DURING DEVELOPMENT.—In
20 developing the Public Safety Officer Suicide Reporting
21 System, the Secretary shall consult with non-Federal ex-
22 perts to determine the best means to collect data regard-
23 ing suicide incidence in a safe, sensitive, anonymous, and
24 effective manner. Such non-Federal experts shall include
25 the following:

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

3 “(2) Organizations that track suicide among
4 public safety officers.

5 “(3) Mental health experts with experience in
6 studying suicide and other profession-related traumatic stress.

7 “(4) Clinicians with experience in diagnosing
8 and treating mental health issues.

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

11 “(6) Relevant national police, and fire and
12 emergency medical services, organizations.

13 “(d) DATA PRIVACY AND SECURITY.—In developing
14 and maintaining the Public Safety Officer Suicide Reporting
15 System, the Secretary shall ensure that all applicable
16 Federal and State privacy and security protections are followed
17 to ensure that—
18

19 “(1) the confidentiality and anonymity of suicide
20 victims and their families are protected, including so as to
21 ensure that data cannot be used to deny
22 benefits; and

23 “(2) data is sufficiently secure to prevent unauthorized
24 access.

25 “(e) REPORTING.—

1 “(1) ANNUAL REPORT.—Not later than one
2 year after the date of enactment of the Helping
3 Emergency Responders Overcome Act of 2019, and
4 annually thereafter, the Secretary shall submit a re-
5 port to the Congress on the suicide incidence among
6 public safety officers. Each such report shall—

7 “(A) include such suicide incidence disag-
8 gregated by age, gender, and State of employ-
9 ment;

10 “(B) identify risk factors for suicide
11 among public safety officers;

12 “(C) disaggregate rates of suicide by—

13 “(i) occupation;

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

16 “(iii) status as active or retired;

17 “(D) include recommendations for further
18 study regarding the suicide incidence among
19 public safety officers;

20 “(E) specify in detail, if found, any obsta-
21 cles in collecting suicide rates for volunteers
22 and include recommended improvements to
23 overcome such obstacles;

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

1 “(G) ensure the confidentiality and ano-
2 nymity of suicide victims and their families, as
3 described in subsection (d)(1).

4 “(2) PUBLIC AVAILABILITY.—Upon the submis-
5 sion of each report to the Congress under paragraph
6 (1), the Secretary shall make the full report publicly
7 available on the website of the Centers for Disease
8 Control and Prevention.

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

11 “(1) a public safety officer as defined in section
12 1204 of the Omnibus Crime Control and Safe
13 Streets Act of 1968; or

14 “(2) a public safety telecommunicator as de-
15 scribed in detailed occupation 43–5031 in the Stand-
16 ard Occupational Classification Manual of the Office
17 of Management and Budget (2018).

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

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

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 243 et seq.) is amended by adding at the end
7 the following:

8 **“SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND**
9 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**
10 **MENTS AND EMERGENCY MEDICAL SERVICE**
11 **AGENCIES.**

12 “(a) IN GENERAL.—The Secretary shall award
13 grants to eligible entities for the purpose of establishing
14 or enhancing peer-support behavioral health and wellness
15 programs within fire departments and emergency medical
16 services agencies.

17 “(b) PROGRAM DESCRIPTION.—A peer-support be-
18 havioral health and wellness program funded under this
19 section shall—

20 “(1) use career and volunteer members of fire
21 departments or emergency medical services agencies
22 to serve as peer counselors;

23 “(2) provide training to members of career, vol-
24 unteer, and combination fire departments or emer-
25 gency medical service agencies to serve as such peer
26 counselors;

1 “(3) purchase materials to be used exclusively
2 to provide such training; and

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

5 “(c) DEFINITION.—In this section:

6 “(1) The term ‘eligible entity’ means a non-
7 profit organization with expertise and experience
8 with respect to the health and life safety of members
9 of fire and emergency medical services agencies.

10 “(2) The term ‘member’—

11 “(A) with respect to an emergency medical
12 services agency, means an employee, regardless
13 of rank or whether they receive compensation
14 (as defined in section 1204(7) of the Omnibus
15 Crime Control and Safe Streets Act of 1968
16 (34 U.S.C. 10284(7)); and

17 “(B) with respect to a fire department,
18 means a firefighter (as defined in section
19 1204(4) of the Omnibus Crime Control and
20 Safe Streets Act of 1968 (34 U.S.C.
21 10284(4)).”.

1 **SEC. 4. 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 coordination 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 of a Federal, State, Tribal, or local fire department
9 who is responsible for responding to calls for emer-
10 gency service.

11 (2) The term “emergency medical services per-
12 sonnel” means any employee, regardless of rank or
13 whether they receive compensation, as defined in
14 section 1204(7) of the Omnibus Crime Control and
15 Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

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

1 **SEC. 5. 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 317U(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; 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).

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