116TH CONGRESS
*2d Session*
HOUSE OF REPRESENTATIVES
REPT. 116–519
Part 1

# HELPING EMERGENCY RESPONDERS OVERCOME ACT

SEPTEMBER 18, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

# R E P O R T

[To accompany H.R. 1646]

The Committee on Energy and Commerce, to whom was referred the bill (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, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS



The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Helping Emergency Responders Overcome Act" or the "HERO Act".

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

The Public Health Service Act is amended by inserting after section 317U of such Act (42 U.S.C. 247b–23) the following:

**"SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.**

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

"(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

"(A) collecting data on the suicide incidence among public safety officers; and

"(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

"(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

"(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:

"(1) The total number of suicides in the United States among all public safety officers in a given calendar year.

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

"(A) age and gender of the public safety officer;

"(B) State;

"(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;

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

"(E) status of the public safety officer as active or retired.

"(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:

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

"(2) Organizations that track suicide among public safety officers.

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

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

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

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

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

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

"(2) data is sufficiently secure to prevent unauthorized access.

"(e) REPORTING.—

"(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—

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

"(B) identify characteristics and contributing circumstances for suicide among public safety officers;

"(C) disaggregate rates of suicide by—

"(i) occupation;
"(ii) status as volunteer, paid-on-call, or career; and
"(iii) status as active or retired;
"(D) include recommendations for further study regarding the suicide incidence among public safety officers;
"(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;
"(F) identify options for interventions to reduce suicide among public safety officers; and
"(G) describe procedures to ensure the confidentiality and anonymity of suicide victims and their families, as described in subsection (d)(1).
"(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.
"(f) DEFINITION.—In this section, the term 'public safety officer' means—
"(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968; or
"(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).
"(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or rescind life insurance payments or other benefits to a survivor of the deceased individual.".

**SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.**

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

**"SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.**

"(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies.
"(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—
"(1) use career and volunteer members of fire departments or emergency medical services agencies to serve as peer counselors;
"(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;
"(3) purchase materials to be used exclusively to provide such training; and
"(4) disseminate such information and materials as are necessary to conduct the program.
"(c) DEFINITION.—In this section:
"(1) The term 'eligible entity' means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.
"(2) The term 'member'—
"(A) with respect to an emergency medical services agency, means an employee, regardless of rank or whether they receive compensation (as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968); and
"(B) with respect to a fire department, means a firefighter (as defined in section 1204(4) of the Omnibus Crime Control and Safe Streets Act of 1968).".

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), the amendment instruction in section 1603 of such Act is amended by striking "Part B of the Public Health Service Act" and inserting "Part B of title III of the Public Health Service Act".

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

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

**"SEC. 320C. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.**

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

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

"(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;

"(2) provide training to health care providers to serve as peer counselors to other health care providers;

"(3) purchase materials to be used exclusively to provide such training; and

"(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.

"(c) DEFINITIONS.—In this section, the term 'eligible entity' means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.".

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

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

(1) the culture of Federal, State, Tribal, and local career, volunteer, and combination fire departments and emergency medical services agencies;

(2) the different stressors experienced by firefighters and emergency medical services personnel, supervisory firefighters and emergency medical services personnel, and chief officers of fire departments and emergency medical services agencies;

(3) challenges encountered by retired firefighters and emergency medical services personnel; and

(4) evidence-based therapies for mental health issues common to firefighters and emergency medical services personnel within such departments and agencies.

(b) CONSULTATION.—In developing resources under subsection (a), the Administrator of the United States Fire Administration and the Secretary of Health and Human Services shall consult with national fire and emergency medical services organizations.

(c) DEFINITIONS.—In this section:

(1) The term "firefighter" means any employee of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.

(2) The term "emergency medical services personnel" means any employee, regardless of rank or whether they receive compensation, as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

(3) The term "chief officer" means any individual who is responsible for the overall operation of a fire department or an emergency medical services agency, irrespective of whether such individual also serves as a firefighter or emergency medical services personnel.

**SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR ADDRESSING POSTTRAUMATIC STRESS DISORDER 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

(2) reassess and update, as the Secretary determines necessary, such best practices and resources, including based upon the options for interventions to reduce suicide among public safety officers identified in the annual reports required by section 317V(e)(1)(F) of the Public Health Service Act, as added by section 2 of this Act.

(b) CONSULTATION.—In developing, assembling, and updating the best practices and resources under subsection (a), the Secretary of Health and Human Services shall consult with, at a minimum, the following:

(1) Public health experts.

(2) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

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

(4) Relevant national police, fire, and emergency medical services organizations.

(c) AVAILABILITY.—The Secretary of Health and Human Services shall make the best practices and resources under subsection (a) available to Federal, State, and local fire, law enforcement, and emergency medical services agencies.

(d) FEDERAL TRAINING AND DEVELOPMENT PROGRAMS.—The Secretary of Health and Human Services shall work with Federal departments and agencies, including 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.

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

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

(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

## I. PURPOSE AND SUMMARY

H.R. 1646, the Helping Emergency Responders Overcome Act of 2019" or the "HERO Actor of 2019", was introduced by Rep. Ami Bera (D–CA) on March 8, 2019. H.R. 1646 would require the Secretary of Health and Human Services (the Secretary) to improve the detection, prevention, and treatment of mental health issues among public safety officers.

To help facilitate this, the bill requires the Director of the Centers for Disease Control and Prevention (CDC) to study successful interventions that reduce suicide among public safety officers, create a data system to capture the incidence of suicide in public safety officers, and integrate the data system into the National Violent Death Reporting System. The legislation further authorizes grants for peer support behavioral health and wellness programs within fire departments and emergency medical service agencies. Also authorized are grants for behavioral health and wellness programs for health care providers. Finally, this legislation requires the development of best practices for addressing posttraumatic stress disorder (PTSD) in public safety officers and educational materials for purposes of educating mental health professionals about how best to treat firefighters and emergency medical services personnel.

## II. BACKGROUND AND NEED FOR LEGISLATION

As emergency responders and hospital personnel continue to battle the coronavirus disease of 2019 (COVID–19), anecdotal evidence suggests that suicide, depression, and substance use disorder are significant issues facing public safety personnel and medical providers.[1] Those on the front lines of the COVID–19 pandemic have witnessed previously unimaginable conditions that are traumatizing for even the most seasoned public safety and medical personnel.[2] Prior to COVID–19, it was estimated that 30 percent of first responders developed behavioral health conditions including, but not limited to, depression and posttraumatic stress disorder

[1] https://www.statnews.com/2020/04/30/suicides-two-health-care-workers-hint-at-covid-19-mental-health-crisis-to-come/

[2] https://www.mercurynews.com/2020/06/03/at-the-bay-areas-hardest-hit-coronavirus-hospital-frontline-workers-ask-is-the-worst-really-over/

(PTSD), as compared with 20 percent in the general population.[3] Tragically, a 2018 study found that public safety officers were more likely to die by suicide than professionals in other lines of duty.[4]

In order to help inform and support prevention and treatment strategies for addressing behavioral and mental health issues among public safety officers, H.R. 1646 would require the development of a data system to capture the incidence of suicides among this population, while also facilitating the study of successful interventions to reduce suicide among these front-line health workers. It will also provide financial assistance to entities that establish behavior health programs targeted to these populations. By utilizing the new data system, improved research, and programmatic findings, the Secretary shall develop best practices and resources for addressing PTSD in these front-line workers.

## III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 1646:

The Subcommittee on Health held a legislative hearing on June 30, 2020, entitled "High Anxiety and Stress: Legislation to Improve Mental Health During Crisis'" to consider H.R. 1461, the "Helping Emergency Responders Overcome Act of 2019" or the "HERO Act of 2019". The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress;
- Arthur C. Evans, Jr. Ph.D., Chief Executive Officer, American Psychological Association;
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association; and
- Ms. Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club.

## IV. COMMITTEE CONSIDERATION

H.R. 1646, the "Emergency Responders Overcome Act of 2019" or the "HERO Actor of 2019", was introduced by Representative Bera (D–CA) on March 8, 2019 and was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on March 9, 2019. On June 30, 2020, the Subcommittee held a legislative hearing on the bill.

On July 15, 2020, the Subcommittee on Health was discharged from further consideration of H.R. 1646 as the bill was called up for markup, pursuant to notice, by the full Committee on Energy and Commerce. During consideration and markup an amendment in the nature of a substitute (AINS) was offered by Mr. Burgess of Texas. The Burgess AINS was agreed to by a voice vote. The full Committee subsequently agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R.

[3] Abbot, C., Barber, E., Burke, B., Harvey, J., Newland, C., Rose, M., & Young, A. (2015). What's killing our medics? Ambulance Service Manager Program. Conifer, CO: Reviving Responders. Retrieved from http://www.revivingresponders.com/originalpaper

[4] https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/

1646 reported favorably to the House, amended, by a voice vote, a quorum being present.

## V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 1646, including the motion on final passage of the bill.

## VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

## VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

## VIII. EXCHANGE OF LETTERS

EDDIE BERNICE JOHNSON, Texas
CHAIRWOMAN

FRANK D. LUCAS, Oklahoma
RANKING MEMBER

# Congress of the United States
## House of Representatives
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
2321 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6301
(202) 225–6375
www.science.house.gov

September 15, 2020

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515
Dear Chairman Pallone,

I am writing you concerning H.R. 1646, the "Helping Emergency Responders Overcome Act of 2019," which was referred to the Committee on Energy and Commerce and then to the Committee on Science, Space, and Technology ("Science Committee") on March 8, 2019.

As a result of our consultation, I agree to work cooperatively on H.R. 1646 and in order to expedite consideration of the bill the Science Committee will waive formal consideration of this legislation. However, this is not a waiver of any future jurisdictional claims by the Science Committee over the subject matter contained in H.R.1646 or similar legislation. I also request that you support my request to name members of the Science Committee to any conference committee to consider this legislation

Additionally, thank you for your assurances to include a copy of our exchange of letters on this matter in the committee report for H.R. 1646 and in the *Congressional Record* during floor consideration thereof.

Sincerely,

Eddie Bernice Johnson

Eddie Bernice Johnson
Chairwoman
Committee on Science, Space, and Technology

cc:

The Honorable Nancy Pelosi, Speaker of the House
Ranking Member Frank D. Lucas, Committee on Science, Space, and Technology
Ranking Member Greg Walden, Committee on Energy and Commerce
Tom Wickham, Parliamentarian

FRANK PALLONE, JR., NEW JERSEY
CHAIRMAN

GREG WALDEN, OREGON
RANKING MEMBER

ONE HUNDRED SIXTEENTH CONGRESS

Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

September 15, 2020

The Honorable Eddie Bernice Johnson
Chairwoman
Committee on Science, Space, and Technology
2321 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Johnson:

Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 1646, the Helping Emergency Responders Overcome Act of 2019, from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 1646 are entered into the *Congressional Record* during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

Frank Pallone, Jr.

Frank Pallone, Jr.
Chairman

cc: The Honorable Nancy Pelosi, Speaker, U.S. House of Representatives
The Honorable Greg Walden, Ranking Member. Committee on Energy and Commerce
The Honorable Frank Lucas, Ranking Member, Committee on Science. Space, and Technology
Mr. Tom Wickham, Jr., Parliamentarian, U.S. House of Representatives

## IX. Federal Mandates Statement

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## IX. Federal Mandates Statement

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## X. Statement of General Performance Goals and Objectives

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve the detection, prevention, and treatment of behavioral health and mental health issues among public safety officers and health care providers.

## XI. Duplication of Federal Programs

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 1646 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

## XII. Committee Cost Estimate

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## XIII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 1646 contains no earmarks, limited tax benefits, or limited tariff benefits.

## XIV. Advisory Committee Statement

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

## XV. Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## XVI. Section-by-Section Analysis of the Legislation

*Section 1. Short title*

Section 1 designates that the short title may be cited as the "Helping Emergency Responders Overcome Act of 2019" or the "HERO Act of 2019".

*Sec. 2. Data system to capture national public safety officer suicide incidence*

Section 2 amends the Public Health Service Act by inserting a new section that directs the Secretary of Health and Human Services (the Secretary), in coordination with the Director of CDC to develop and maintain the Public Safety Officer Suicide Reporting System. This data system shall collect data on the incidence of suicide among public safety officers; be integrated into the National Violent Death Reporting System under the Secretary's guidance; and help facilitate the study of successful interventions to reduce suicide among public safety officers. Further, in collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall insure the following information, at a minimum, is included: the total number of suicides in the United States among all public safety officers in a given calendar year; and the rates of suicide for public safety officers in a calendar year, disaggregated by age, gender, state, occupation, and, where available, the status of the public safety officer.

In developing the Public Safety Officer Suicide Reporting System, the Secretary is required to consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Experts shall include public health experts, organizations that track suicide among public safety officers, mental health experts, clinicians, public safety officers, and other relevant national police, fire, and emergency medical service organizations. The Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure confidentiality and anonymity of suicide victims and their families. Data shall also be sufficiently secure to prevent unauthorized access.

Finally, section 2 requires that no later than two years after the date of enactment of H.R. 1646 the Secretary shall report to Congress on the incidence of suicide among public safety officers, including the number and rate of suicide incidence disaggregated by age, gender, and State of employment; the characteristics and contributing circumstances for suicide; recommendations for further study of suicide in public safety officers; any obstacles in collecting suicide rates; any recommendations for overcoming such obstacles; interventions to reduce suicide incidence in public safety officers; and procedures to ensure the confidentiality and anonymity of suicide victims and their families. The report shall continue biannually after the first report is delivered.

*Sec. 3. Peer-support behavioral health and wellness programs within fire departments and emergency medical service agencies*

Section 3 amends the Public Health Service Act to authorize the Secretary to award grants to nonprofit organizations with expertise and experience with respect to health and life safety of members of fire and emergency service agencies. Such grants are for the purposes of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical service agencies. Programs funded under this section shall utilize career and volunteer firefighters or emergency medical services personnel to serve as peer counselors; provide training to members of fire departments and emergency medical service agencies to

serve as peer counselors; purchase materials to be used for training; and disseminate information and materials necessary to conduct such programs.

*Sec. 4. Health care provider behavioral health and wellness programs*

Section 4 amends the Public Health Service Act to authorize the Secretary to award grants to hospitals for the purposes of establishing or enhancing behavioral health and wellness programs for health care providers. Such programs shall provide confidential support services for health providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars; provide training to health care providers to serve as peer counselors; purchase materials to be used for such training; and disseminate information and materials to conduct such training and peer counseling.

*Sec. 5. Development of resources for educating mental health professionals about treating fire fighters and emergency medical services personnel*

Section 5 directs the Administrator of the United States Fire Administration, in consultation with the Secretary to develop and publicly release resources that may be used to educate mental health professionals about the various aspects of culture, stressors, challenges, and evidence-based therapies for firefighters and emergency service personnel. In developing these resources, the Administrator and Secretary shall also consult with national fire and emergency medical services organizations.

*Sec. 6. Best practices and other resources for addressing posttraumatic stress disorder in public safety officers*

Section 6 directs the Secretary to develop evidence-based practices and other resources to identify, prevent, and treat posttraumatic stress disorders in public safety officers, and to reassess and update such practices and resources based upon interventions identified in the reports to Congress required under section 2. In developing these best practices and resources, the Secretary shall consult with public health experts, mental health experts with experience in studying suicide and other profession-related traumatic stress, clinicians with experience in diagnosing and treating mental health issues; in addition to relevant national police, fire, and emergency medical service organizations. Such information must be available to Federal, State and local entities. The Secretary must also incorporate education and training into Federal training and development programs.

## XVI. Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

## PUBLIC HEALTH SERVICE ACT

* * * * * * *

### TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

### PART B—FEDERAL-STATE COOPERATION

* * * * * * *

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

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

*(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—*

*(A) collecting data on the suicide incidence among public safety officers; and*

*(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and*

*(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).*

*(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:*

*(1) The total number of suicides in the United States among all public safety officers in a given calendar year.*

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

*(A) age and gender of the public safety officer;*

*(B) State;*

*(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;*

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

*(E) status of the public safety officer as active or retired.*

*(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:*

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

*(2) Organizations that track suicide among public safety officers.*

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

*(4) Clinicians with experience in diagnosing and treating mental health issues.*

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

*(6) Relevant national police, and fire and emergency medical services, organizations.*

*(d) DATA PRIVACY AND SECURITY.—In developing and maintaining the Public Safety Officer Suicide Reporting System, the Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure that—*

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

*(2) data is sufficiently secure to prevent unauthorized access.*

*(e) REPORTING.—*

*(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—*

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

*(B) identify characteristics and contributing circumstances for suicide among public safety officers;*

*(C) disaggregate rates of suicide by—*

*(i) occupation;*

*(ii) status as volunteer, paid-on-call, or career; and*

*(iii) status as active or retired;*

*(D) include recommendations for further study regarding the suicide incidence among public safety officers;*

*(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;*

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

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

*(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.*

*(f) DEFINITION.—In this section, the term "public safety officer" means—*

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

*(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).*

*(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or re-*

*scind life insurance payments or other benefits to a survivor of the deceased individual.*

* * * * * * *

***SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.***

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

*(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—*

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

*(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;*

*(3) purchase materials to be used exclusively to provide such training; and*

*(4) disseminate such information and materials as are necessary to conduct the program.*

*(c) DEFINITION.—In this section:*

*(1) The term "eligible entity" means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.*

*(2) The term "member"—*

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

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

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

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

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

*(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;*

*(2) provide training to health care providers to serve as peer counselors to other health care providers;*

*(3) purchase materials to be used exclusively to provide such training; and*

*(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.*

*(c) DEFINITIONS.—In this section, the term "eligible entity" means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share*

*hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.*

* * * * * * *

---

## CHILDREN'S HEALTH ACT OF 2000

* * * * * * *

### DIVISION A—CHILDREN'S HEALTH

* * * * * * *

### TITLE XVI—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

* * * * * * *

**SEC. 1603. COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH**

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

"COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH.

"SEC. 320A. (a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a program to fund innovative oral health activities that improve the oral health of children under 6 years of age who are eligible for services provided under a Federal health program, to increase the utilization of dental services by such children, and to decrease the incidence of early childhood and baby bottle tooth decay.

"(b) GRANTS.—The Secretary shall award grants to or enter into contracts with public or private nonprofit schools of dentistry or accredited dental training institutions or programs, community dental programs, and programs operated by the Indian Health Service (including federally recognized Indian tribes that receive medical services from the Indian Health Service, urban Indian health programs funded under title V of the Indian Health Care Improvement Act, and tribes that contract with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act) to enable such schools, institutions, and programs to develop programs of oral health promotion, to increase training of oral health services providers in accordance with State practice laws, or to increase the utilization of dental services by eligible children.

"(c) DISTRIBUTION.—In awarding grants under this section, the Secretary shall, to the extent practicable, ensure an equitable national geographic distribution of the grants, including areas of the United States where the incidence of early childhood caries is highest.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $10,000,000 for each the fiscal years 2001 through 2005.".

* * * * * * *

○