

117TH CONGRESS
1ST SESSION

H. R. 1480

IN THE SENATE OF THE UNITED STATES

MAY 13, 2021

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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,*

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 before section 318 of such Act (42 U.S.C. 247c) the
8 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, may—

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—

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

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

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

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

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

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

10 “(A) age and gender of the public safety
11 officer;

12 “(B) State;

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

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

20 “(E) status of the public safety officer as
21 active or retired.

22 “(c) CONSULTATION DURING DEVELOPMENT.—In
23 developing the Public Safety Officer Suicide Reporting
24 System, the Secretary shall consult with non-Federal ex-
25 perts to determine the best means to collect data regard-

1 ing suicide incidence in a safe, sensitive, anonymous, and
2 effective manner. Such non-Federal experts shall include,
3 as appropriate, the following:

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

6 “(2) Organizations that track suicide among
7 public safety officers.

8 “(3) Mental health experts with experience in
9 studying suicide and other profession-related trau-
10 matic stress.

11 “(4) Clinicians with experience in diagnosing
12 and treating mental health issues.

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

15 “(6) Relevant national police, and fire and
16 emergency medical services, organizations.

17 “(d) DATA PRIVACY AND SECURITY.—In developing
18 and maintaining the Public Safety Officer Suicide Report-
19 ing System, the Secretary shall ensure that all applicable
20 Federal privacy and security protections are followed to
21 ensure that—

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

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

3 “(e) REPORTING.—

4 “(1) ANNUAL REPORT.—Not later than 2 years
5 after the date of enactment of the Helping Emer-
6 gency Responders Overcome Act, and biannually
7 thereafter, the Secretary shall submit a report to the
8 Congress on the suicide incidence among public safe-
9 ty officers. Each such report shall—

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

13 “(B) identify characteristics and contrib-
14 uting circumstances for suicide among public
15 safety officers;

16 “(C) disaggregate rates of suicide by—

17 “(i) occupation;

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

20 “(iii) status as active or retired;

21 “(D) include recommendations for further
22 study regarding the suicide incidence among
23 public safety officers;

24 “(E) specify in detail, if found, any obsta-
25 cles in collecting suicide rates for volunteers

1 and include recommended improvements to
2 overcome such obstacles;

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

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

9 “(2) PUBLIC AVAILABILITY.—Upon the submis-
10 sion of each report to the Congress under paragraph
11 (1), the Secretary shall make the full report publicly
12 available on the website of the Centers for Disease
13 Control and Prevention.

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

16 “(1) a public safety officer as defined in section
17 1204 of the Omnibus Crime Control and Safe
18 Streets Act of 1968; or

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

23 “(g) PROHIBITED USE OF INFORMATION.—Notwith-
24 standing any other provision of law, if an individual is
25 identified as deceased based on information contained in

1 the Public Safety Officer Suicide Reporting System, such
2 information may not be used to deny or rescind life insur-
3 ance payments or other benefits to a survivor of the de-
4 ceased individual.”.

5 **SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND**
6 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**
7 **MENTS AND EMERGENCY MEDICAL SERVICE**
8 **AGENCIES.**

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

12 **“SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND**
13 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**
14 **MENTS AND EMERGENCY MEDICAL SERVICE**
15 **AGENCIES.**

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

21 “(b) PROGRAM DESCRIPTION.—A peer-support be-
22 havioral health and wellness program funded under this
23 section shall—

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

4 “(2) provide training to members of career, vol-
5 unteer, and combination fire departments or emer-
6 gency medical service agencies to serve as such peer
7 counselors;

8 “(3) purchase materials to be used exclusively
9 to provide such training; and

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

12 “(c) DEFINITION.—In this section:

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

17 “(2) The term ‘member’—

18 “(A) with respect to an emergency medical
19 services agency, means an employee, regardless
20 of rank or whether the employee receives com-
21 pensation (as defined in section 1204(7) of the
22 Omnibus Crime Control and Safe Streets Act of
23 1968); and

24 “(B) with respect to a fire department,
25 means any employee, regardless of rank or

1 whether the employee receives compensation, of
2 a Federal, State, Tribal, or local fire depart-
3 ment who is responsible for responding to calls
4 for emergency service.”.

5 (b) TECHNICAL CORRECTION.—Effective as if in-
6 cluded in the enactment of the Children’s Health Act of
7 2000 (Public Law 106–310), the amendment instruction
8 in section 1603 of such Act is amended by striking “Part
9 B of the Public Health Service Act” and inserting “Part
10 B of title 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 fur-
15 ther amended by adding at the end the following:

16 **“SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL**
17 **HEALTH AND WELLNESS PROGRAMS.**

18 “(a) IN GENERAL.—The Secretary may award grants
19 to eligible entities for the purpose of establishing or en-
20 hancing behavioral health and wellness programs for
21 health care 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

1 traumatic patient-related events, including coun-
2 seling services and wellness seminars;

3 “(2) provide training to health care providers to
4 serve as peer counselors to other health care pro-
5 viders;

6 “(3) purchase materials to be used exclusively
7 to provide such training; and

8 “(4) disseminate such information and mate-
9 rials as are necessary to conduct such training and
10 provide such peer counseling.

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

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

23 (a) IN GENERAL.—The Administrator of the United
24 States Fire Administration, in consultation with the Sec-
25 retary of Health and Human Services, shall develop and

1 make publicly available resources that may be used by the
2 Federal Government and other entities to educate mental
3 health professionals about—

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

7 (2) the different stressors experienced by fire-
8 fighters and emergency medical services personnel,
9 supervisory firefighters and emergency medical serv-
10 ices personnel, and chief officers of fire departments
11 and emergency medical services agencies;

12 (3) challenges encountered by retired fire-
13 fighters and emergency medical services personnel;
14 and

15 (4) evidence-based therapies for mental health
16 issues common to firefighters and emergency med-
17 ical services personnel within such departments and
18 agencies.

19 (b) CONSULTATION.—In developing resources under
20 subsection (a), the Administrator of the United States
21 Fire Administration and the Secretary of Health and
22 Human Services shall consult with national fire and emer-
23 gency medical services organizations.

24 (c) DEFINITIONS.—In this section:

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

6 (2) The term “emergency medical services per-
7 sonnel” means any employee, regardless of rank or
8 whether the employee receives compensation, as de-
9 fined in section 1204(7) of the Omnibus Crime Con-
10 trol and Safe Streets Act of 1968 (34 U.S.C.
11 10284(7)).

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

18 **SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR AD-**
19 **DRESSING POSTTRAUMATIC STRESS DIS-**
20 **ORDER IN PUBLIC SAFETY OFFICERS.**

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

23 (1) develop and assemble evidence-based best
24 practices and other resources to identify, prevent,

1 and treat posttraumatic stress disorder and co-oc-
2 ccurring disorders in public safety officers; and

3 (2) reassess and update, as the Secretary deter-
4 mines necessary, such best practices and resources,
5 including based upon the options for interventions to
6 reduce suicide among public safety officers identified
7 in the annual reports required by section
8 317W(e)(1)(F) of the Public Health Service Act, as
9 added by section 2 of this Act.

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

14 (1) Public health experts.

15 (2) Mental health experts with experience in
16 studying suicide and other profession-related trau-
17 matic stress.

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

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

22 (c) AVAILABILITY.—The Secretary of Health and
23 Human Services shall make the best practices and re-
24 sources under subsection (a) available to Federal, State,

