

117TH CONGRESS  
1ST SESSION

# H. R. 1859

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to States, territories, political subdivisions of States and territories, Tribal governments, and consortia of Tribal governments to establish an unarmed 911 response program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2021

Mr. SMITH of Washington (for himself, Ms. NORTON, Mr. CARSON, and Ms. GARCIA of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to States, territories, political subdivisions of States and territories, Tribal governments, and consortia of Tribal governments to establish an unarmed 911 response program, 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 “911 Diversion to Un-  
3 armed Personnel Act of 2021”.

4 **SEC. 2. GRANTS FOR UNARMED 911 RESPONSE PROGRAMS.**

5 Part D of title V of the Public Health Service Act  
6 is amended by inserting after section 552 (42 U.S.C.  
7 290ee–7) the following new section:

8 **“SEC. 553. GRANTS FOR UNARMED 911 RESPONSE PRO-  
9 GRAMS.**

10 “(a) IN GENERAL.—The Secretary, acting through  
11 the Assistant Secretary for Mental Health and Substance  
12 Use, may award grants to States, territories, political sub-  
13 divisions of States and territories, Tribal governments,  
14 and consortia of Tribal governments to establish an un-  
15 armed 911 response program under which nonviolent 911  
16 calls are referred to unarmed professional service pro-  
17 viders for response, instead of to a law enforcement agen-  
18 cy.

19 “(b) PROGRAM REQUIREMENTS.—An unarmed 911  
20 response program funded under this section shall—

21 “(1) dispatch unarmed professional service pro-  
22 viders in groups of two or more in a timely manner;

23 “(2) be capable of providing screening, assess-  
24 ment, de-escalation, trauma-informed culturally com-  
25 petent services, referrals to treatment providers, and  
26 transportation to immediately necessary treatment;

1           “(3) when necessary, coordinate with health or  
2 social services;

3           “(4) not be subject to oversight of State or local  
4 law enforcement agencies; and

5           “(5) clearly outline the scope of calls that must  
6 or may be referred to the unarmed 911 response  
7 program.

8           “(c) USES OF FUNDS.—A grant under this section  
9 may be used for—

10           “(1) hiring unarmed professional service pro-  
11 viders and 911 dispatchers;

12           “(2) training unarmed professional service pro-  
13 viders to respond to 911 calls by identifying, under-  
14 standing, and responding to signs of mental ill-  
15 nesses, developmental or intellectual disabilities, and  
16 substance use disorders, including by means of—

17                   “(A) de-escalation;

18                   “(B) crisis intervention; and

19                   “(C) connecting individuals to local social  
20 service providers, health care providers, commu-  
21 nity-based organizations, and the full range of  
22 other available providers and resources, with a  
23 focus on culturally competent service providers;

1           “(3) updating 911 response systems to enable  
2 triage between nonviolent 911 calls and those that  
3 require a response from law enforcement;

4           “(4) training 911 dispatchers on call diversion;

5           “(5) building the capacity—

6                 “(A) to coordinate with local social service  
7 providers, health care providers, suicide hotline  
8 operators, and community-based organizations;  
9 and

10               “(B) to provide multilingual and culturally  
11 competent services; and

12           “(6) collecting data for reports to the Sec-  
13 retary.

14           “(d) APPLICATION.—An applicant seeking a grant  
15 under this section shall submit to the Secretary an appli-  
16 cation at such time, in such manner, and containing such  
17 information as the Secretary may reasonably require, in-  
18 cluding the applicant’s plan to train 911 dispatchers to  
19 determine when a call should be diverted to the unarmed  
20 911 response program.

21           “(e) REPORTS TO SECRETARY.—A recipient of a  
22 grant under this section shall submit to the Secretary, on  
23 a biannual basis, a report on the following:

1           “(1) The number of calls placed to 911 that  
2           were diverted to the grantee’s unarmed 911 response  
3           program.

4           “(2) Demographic information on the individ-  
5           uals served by the grantee’s unarmed 911 response  
6           program, disaggregated by race, ethnicity, age, sex,  
7           sexual orientation, gender identity, and location.

8           “(3) The effects of the grantee’s unarmed 911  
9           response program on emergency room visits, hos-  
10          pitalizations, use of ambulances, and involvement of  
11          law enforcement in mental health or substance use  
12          disorder crises.

13          “(4) An assessment of the types of events and  
14          crises to which the grantee’s unarmed 911 response  
15          program responded and the services provided, in-  
16          cluding—

17                 “(A) the number of individuals to whom  
18                 services were provided who were involuntarily  
19                 committed for treatment;

20                 “(B) the number of individuals successfully  
21                 transferred to an alternative destination;

22                 “(C) the time between notification by a  
23                 911 dispatcher and arrival at the scene by a  
24                 provider; and

25                 “(D) the time spent by providers at scene.

1           “(5) A cost analysis of the grantee’s unarmed  
2           911 response program.

3           “(6) An assessment of data sharing limitations  
4           or problems associated with adherence to—

5                   “(A) Federal regulations (concerning the  
6                   privacy of individually identifiable health infor-  
7                   mation) promulgated under section 264(c) of  
8                   the Health Insurance Portability and Account-  
9                   ability Act of 1996; and

10                   “(B) part II of title 42, Code of Federal  
11                   Regulations.

12           “(f) REPORTS TO CONGRESS.—The Secretary shall  
13           submit to the Congress, on a biannual basis, a report on  
14           the program under this section, including a summary of  
15           the reports submitted by grantees pursuant to subsection  
16           (e).

17           “(g) GRANT AMOUNT.—The Secretary may make  
18           grants to applicants that do not meet all of the criteria  
19           under subsection (b)(1), but applicants that do not meet  
20           all such criteria may not receive the full grant amount.

21           “(h) DEFINITIONS.—In this section:

22                   “(1) The term ‘alternative destination’—

23                           “(A) means any service- or care-providing  
24                           site other than a hospital emergency depart-  
25                           ment or jail; and

1           “(B) includes a clinic, primary care office,  
2           crisis center, and community care center.

3           “(2) The term ‘nonviolent 911 call’ means a  
4           911 call that—

5           “(A) relates to mental health, homeless-  
6           ness, addiction problems, social services, tru-  
7           ancy, intellectual and developmental disabilities,  
8           or public intoxication; and

9           “(B) does not involve obvious violent be-  
10          havior.

11          “(3) The term ‘unarmed professional service  
12          provider’ means a professional (which may include a  
13          nurse, social worker, emergency medical technician,  
14          counselor, community health worker, trauma-in-  
15          formed personnel, social service provider, or peer  
16          support specialist) who—

17          “(A) is trained to deal with mental health  
18          or substance abuse crises or intellectual and de-  
19          velopmental disabilities; and

20          “(B) does not carry a firearm.”.

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