

119TH CONGRESS
1ST SESSION

S. 2645

To establish the Law Enforcement Mental Health and Wellness Program,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 1, 2025

Mr. PETERS (for himself and Mr. HAWLEY) introduced the following bill;
which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

A BILL

To establish the Law Enforcement Mental Health and
Wellness 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “DHS Suicide Preven-
5 tion and Resiliency for Law Enforcement Act”.

1 **SEC. 2. DEPARTMENT OF HOMELAND SECURITY SUICIDE**
 2 **PREVENTION AND RESILIENCY FOR LAW EN-**
 3 **FORCEMENT.**

4 (a) IN GENERAL.—Title VII of the Homeland Secu-
 5 rity Act of 2002 (6 U.S.C. 341 et seq.) is amended by
 6 inserting after section 710 the following:

7 **“SEC. 710A. SUICIDE PREVENTION AND RESILIENCY FOR**
 8 **LAW ENFORCEMENT.**

9 “(a) DEFINITIONS.—

10 “(1) DEPARTMENT OF HOMELAND SECURITY
 11 COMPONENT.—The term ‘Department of Homeland
 12 Security component’ means—

13 “(A) U.S. Customs and Border Protection;

14 “(B) U.S. Immigration and Customs En-
 15 forcement;

16 “(C) the Office of the Inspector General of
 17 the Department of Homeland Security;

18 “(D) the United States Coast Guard;

19 “(E) the United States Secret Service;

20 “(F) the Transportation Security Adminis-
 21 tration; and

22 “(G) any other Department of Homeland
 23 Security component or office with law enforce-
 24 ment officers or agents.

1 “(2) PROGRAM.—The term ‘Program’ means
2 the Law Enforcement Mental Health and Wellness
3 Program established pursuant to subsection (b).

4 “(b) LAW ENFORCEMENT MENTAL HEALTH AND
5 WELLNESS PROGRAM.—

6 “(1) ESTABLISHMENT.—

7 “(A) IN GENERAL.—The Secretary shall
8 establish, within the office overseen by the
9 Chief Medical Officer, the Law Enforcement
10 Mental Health and Wellness Program.

11 “(B) PURPOSE.—The purpose of the Pro-
12 gram shall be to provide a comprehensive ap-
13 proach to address the mental health and
14 wellness of Department of Homeland Security
15 law enforcement agents and officers.

16 “(C) ADMINISTRATION.—The Secretary,
17 working through the Program, shall—

18 “(i) establish and maintain policies
19 and standard operating procedures, con-
20 sistent with best evidence-based practices,
21 that detail the authority, roles, and respon-
22 sibilities of the Program;

23 “(ii) conduct data collection and re-
24 search on mental health, suicides, and, to
25 the extent possible, attempted suicides, of

1 law enforcement personnel within the De-
2 partment of Homeland Security, in accord-
3 ance with section 552a of title 5, United
4 States Code (commonly known as the Pri-
5 vacy Act of 1974), section 501 of the Re-
6 habilitation Act of 1973 (29 U.S.C. 791),
7 the Department of Homeland Security’s di-
8 rectives and policies, section 1128E of the
9 Social Security Act (42 U.S.C. 1320a–7e),
10 and section 2(a) of the Law Enforcement
11 Suicide Data Collection Act (Public Law
12 116–143);

13 “(iii) track current trends and leading
14 practices from other governmental and
15 nongovernmental organizations for law en-
16 forcement mental health and wellness;

17 “(iv) evaluate current mental health
18 and resiliency programs within Depart-
19 ment of Homeland Security components;

20 “(v) promote education and training
21 related to mental health, resilience, suicide
22 prevention, stigma, and mental health re-
23 sources to raise mental health awareness
24 and to support the needs of supervisors,
25 clinicians, care-givers, peer support mem-

1 bers, chaplains, and those who have been
2 exposed to trauma;

3 “(vi) establish partnerships with faith-
4 based organizations, community-based or-
5 ganizations, counseling programs, or other
6 social service programs that provide mental
7 health and suicide prevention support serv-
8 ices;

9 “(vii) establish the Peer-to-Peer Sup-
10 port Program Advisory Council, which
11 shall—

12 “(I) include at least 1 licensed
13 clinician and at least 1 official with
14 requisite and relevant training and ex-
15 perience in peer support for law en-
16 forcement personnel from each De-
17 partment of Homeland Security com-
18 ponent;

19 “(II) evaluate component peer
20 support programs;

21 “(III) identify and address any
22 potential deficiencies, limitations, and
23 gaps;

24 “(IV) provide for sharing of lead-
25 ing practices or best practices, includ-

1 ing internationally recognized peer
2 support standards of care protocols;

3 “(V) create a peer support net-
4 work that enables the sharing of
5 trained peer support personnel, chap-
6 lains, and other peer-to-peer personnel
7 across Department of Homeland Se-
8 curity components, and may also in-
9 clude outside agency organizations,
10 such as faith-based organizations,
11 community-based organizations, coun-
12 seling programs, and other social serv-
13 ice programs; and

14 “(VI) sustain peer support pro-
15 grams through ongoing funding of an-
16 nual and refresher training and re-
17 sources for peer support programing
18 in the workplace—

19 “(aa) to ensure minimum
20 standards for peer support serv-
21 ices; and

22 “(bb) to provide appropriate
23 care for peer support personnel
24 across Department of Homeland
25 Security components;

1 “(viii) assist Department of Homeland
2 Security components in developing a pro-
3 gram to provide suicide prevention and re-
4 siliency support and training for—

5 “(I) families of law enforcement
6 agents and officers; and

7 “(II) surviving families of officers
8 and agents who have died by suicide;

9 “(ix) work with law enforcement men-
10 tal health and wellness program officials of
11 Department of Homeland Security compo-
12 nents (which shall include peer support-
13 trained personnel, agency mental health
14 professionals, chaplains, and, for compo-
15 nents with employees having an exclusive
16 representative, the exclusive representative
17 with respect to such program) to imple-
18 ment new policies, procedures, and pro-
19 grams that may be necessary based on
20 findings from data collection, research, and
21 evaluation efforts; and

22 “(x) conduct regular outreach and
23 messaging, across Department of Home-
24 land Security components, of available
25 training opportunities and resources.

1 “(D) CONFIDENTIALITY; LIMITATION.—

2 “(i) CONFIDENTIALITY.—Actions de-
3 scribed in subparagraph (C) may not—

4 “(I) include the publication of
5 any personally identifiable informa-
6 tion; or

7 “(II) compel any employee to
8 provide any information for the pur-
9 poses of this subsection.

10 “(ii) LIMITATION.—Personally identi-
11 fiable information collected pursuant to
12 subparagraph (C) may not be used for any
13 purpose other than the implementation of
14 this section unless otherwise permitted
15 under applicable law. Any personally iden-
16 tifiable information that is collected, main-
17 tained, or used pursuant to this section is
18 subject to applicable public nondisclosure
19 requirements, including sections 552 and
20 552a of title 5, United States Code.

21 “(E) PERSONNEL.—

22 “(i) MANAGEMENT.—The Workplace
23 Health and Wellness Coordinator of the
24 Department, under the direction of the
25 Chief Medical Officer of the Department,

1 shall be responsible for the ongoing man-
2 agement of the Program.

3 “(ii) MINIMUM CORE PERSONNEL RE-
4 QUIREMENTS.—Subject to appropriations,
5 the Secretary shall ensure that the Pro-
6 gram is staffed with the number of em-
7 ployees that the Chief Medical Officer de-
8 termines to be necessary to carry out the
9 duties described in subparagraph (C), in-
10 cluding representatives from each Depart-
11 ment of Homeland Security component
12 and the Office of the Chief Privacy Officer.

13 “(2) DIRECTIVE.—Not later than 180 days
14 after the date of the enactment of the DHS Suicide
15 Prevention and Resiliency for Law Enforcement Act,
16 the Chief Medical Officer of the Department shall—

17 “(A) issue a directive or policy that out-
18 lines the roles and responsibilities of the Pro-
19 gram; and

20 “(B) distribute such directive or policy
21 among all Department personnel.

22 “(c) COORDINATION.—The Chief Medical Officer of
23 the Department shall require the Program to regularly co-
24 ordinate with the Department of Homeland Security com-
25 ponents by assigning at least 1 official from each such

1 component to the Program for the purpose of coordinating
2 with field points of contact who are responsible for car-
3 rying out duties within Department mental health and
4 wellness programs.

5 “(d) DEPARTMENT OF HOMELAND SECURITY COM-
6 PONENTS.—The Secretary shall require the head of each
7 Department of Homeland Security component to prioritize
8 and improve mental health and wellness programs, which
9 may include other Department of Homeland Security com-
10 ponent personnel, that—

11 “(1) provide adequate resources for law enforce-
12 ment mental health, well-being, resilience, and sui-
13 cide prevention programs and research;

14 “(2) promote a culture that reduces the stigma
15 of seeking mental health assistance through regular
16 messaging, training, and raising mental health
17 awareness;

18 “(3) offer several avenues of seeking mental
19 health or counseling assistance, both within the De-
20 partment of Homeland Security component and
21 through private sources, which may include faith-
22 based organizations, community-based organizations,
23 counseling programs, and other social service pro-
24 grams, that provide for anonymity and include ac-
25 cess to external mental health clinicians;

1 “(4) review and revise relevant policies of De-
2 partment of Homeland Security components that in-
3 advertently deter personnel from seeking mental
4 health assistance;

5 “(5) ensure that such programs include safe-
6 guards against adverse action by such component
7 with respect to any employee solely because such em-
8 ployee self identifies a need for psychological health
9 counseling or assistance or receives such counseling
10 or assistance;

11 “(6) ensure that such programs include safe-
12 guards regarding automatic referrals for employ-
13 ment-related examinations or inquiries that are
14 based solely on an employee who self identifies a
15 need for psychological health counseling or assist-
16 ance or receives such counseling or assistance, ex-
17 cept that such safeguards shall not prevent a compo-
18 nent referral to evaluate an employee’s ability to
19 meet established medical or psychological standards
20 by such component or to evaluate an employee’s na-
21 tional security eligibility;

22 “(7) implement policies that require in-person
23 or live and interactive virtual suicide awareness and
24 law enforcement resiliency training for law enforce-
25 ment officers and agents;

1 “(8) make such training available, as appro-
2 priate, to other personnel—

3 “(A) upon the commencement of their em-
4 ployment with the Department of Homeland
5 Security;

6 “(B) on an annual basis during such em-
7 ployment;

8 “(C) during such employees’ transition
9 into a supervisory role; and

10 “(D) if feasible, shortly before the officer,
11 agent, or other Department of Homeland Secu-
12 rity component personnel terminates his or her
13 employment with the Department, if such indi-
14 vidual elects to participate; and

15 “(9) include prevention and awareness training
16 opportunities and support services for families of of-
17 ficers, agents, and other Department of Homeland
18 Security component personnel.

19 “(e) DATA COLLECTION AND EVALUATION.—

20 “(1) ASSESSMENT OF EFFECTIVENESS OF LAW
21 ENFORCEMENT HEALTH AND WELLNESS PRO-
22 GRAMS.—The Workplace Health and Wellness Coor-
23 dinator of the Department, under the direction of
24 the Chief Medical Officer of the Department—

1 “(A) shall develop criteria to assess the ef-
2 fectiveness of law enforcement health and
3 wellness programs carried out by the Depart-
4 ment;

5 “(B) shall conduct annual confidential sur-
6 veys of law enforcement agents and officers
7 within Department of Homeland Security com-
8 ponents to assist in evaluating the effectiveness
9 of law enforcement health and wellness pro-
10 grams in accordance with the criteria developed
11 pursuant to subparagraph (A);

12 “(C) shall ensure that the surveys con-
13 ducted pursuant to subparagraph (B)—

14 “(i) incorporate leading practices in
15 questionnaire and survey design and devel-
16 opment; and

17 “(ii) establish a baseline and subse-
18 quently measure change over time; and

19 “(D) may utilize contractor support in car-
20 rying out the duties described in subparagraphs
21 (A) through (C).

22 “(2) RECOMMENDATIONS.—The Chief Medical
23 Officer of the Department shall provide rec-
24 ommendations to Department of Homeland Security
25 components based on the evaluation of programs

1 and the results of the surveys conducted pursuant to
2 paragraph (1)(B).

3 “(3) INCIDENT REPORTS.—Each Department of
4 Homeland Security component shall report, to the
5 Workplace Health and Wellness Coordinator, inci-
6 dents of suicide involving law enforcement officers
7 and agents and any data consistent with data col-
8 lected under section 2(a) of the Law Enforcement
9 Suicide Data Collection Act (Public Law 116–143).
10 The Workplace Health and Wellness Coordinator
11 shall forward such information to the Law Enforce-
12 ment Officers Suicide Data Collection Program es-
13 tablished pursuant to such section.

14 “(4) CONFIDENTIALITY; LIMITATION.—

15 “(A) CONFIDENTIALITY.—Activities de-
16 scribed in paragraph (1) and reporting de-
17 scribed under paragraph (3) may not include
18 the publication of any personally identifiable in-
19 formation.

20 “(B) LIMITATION.—Personally identifiable
21 information collected pursuant to paragraph (1)
22 may not be used for any purpose other than the
23 implementation of this section unless otherwise
24 permitted under applicable law. Any personally
25 identifiable information that is collected, main-

1 tained, or used pursuant to this section is sub-
 2 ject to applicable public nondisclosure require-
 3 ments, including sections 552 and 552a of title
 4 5, United States Code.

5 “(f) BRIEFING.—Not later than 180 days after the
 6 date of the enactment of the DHS Suicide Prevention and
 7 Resiliency for Law Enforcement Act, and annually there-
 8 after through fiscal year 2027, the Chief Medical Officer
 9 of the Department shall provide a briefing to the Com-
 10 mittee on Homeland Security and Governmental Affairs
 11 of the Senate and the Committee on Homeland Security
 12 of the House of Representatives regarding the implemen-
 13 tation of the requirements described in this section.

14 “(g) VOLUNTARY PARTICIPATION; CLARIFICATION.—
 15 Participation in any program, survey, or data collection
 16 conducted under this section is voluntary.

17 “(h) RULE OF CONSTRUCTION.—Notwithstanding
 18 any provision of this section, the Secretary may provide
 19 services under the Program to any employee of the De-
 20 partment.”.

21 (b) CLERICAL AMENDMENT.—The table of contents
 22 in section 1(b) of the Homeland Security Act of 2002
 23 (Public Law 107–296) is amended by inserting after the
 24 item relating to section 710 the following:

“Sec. 710A. Suicide prevention and resiliency for law enforcement.”.

