

AMENDMENT TO
RULES COMMITTEE PRINT 117-51
OFFERED BY MR. BERA OF CALIFORNIA

After section 331, insert the following new subtitle:

1 **Subtitle E—Improving Emergency**
2 **Department Mental Health Ac-**
3 **cess, Services, and Responders**

4 **SEC. 341. HELPING EMERGENCY RESPONDERS OVERCOME.**

5 (a) DATA SYSTEM TO CAPTURE NATIONAL PUBLIC
6 SAFETY OFFICER SUICIDE INCIDENCE.—The Public
7 Health Service Act is amended by inserting before section
8 318 of such Act (42 U.S.C. 247c) the 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

1 “(B) facilitating the study of successful
2 interventions to reduce suicide among public
3 safety officers; and

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

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

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

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

17 “(A) age and gender of the public safety
18 officer;

19 “(B) State;

20 “(C) occupation; including both the indi-
21 vidual’s role in their public safety agency and
22 their primary occupation in the case of volun-
23 teer public safety officers;

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

4 “(E) status of the public safety officer as
5 active or retired.

6 “(c) CONSULTATION DURING DEVELOPMENT.—In
7 developing the Public Safety Officer Suicide Reporting
8 System, the Secretary shall consult with non-Federal ex-
9 perts to determine the best means to collect data regard-
10 ing suicide incidence in a safe, sensitive, anonymous, and
11 effective manner. Such non-Federal experts shall include,
12 as appropriate, the following:

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

15 “(2) Organizations that track suicide among
16 public safety officers.

17 “(3) Mental health experts with experience in
18 studying suicide and other profession-related trau-
19 matic stress.

20 “(4) Clinicians with experience in diagnosing
21 and treating mental health issues.

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

24 “(6) Relevant national police, and fire and
25 emergency medical services, organizations.

1 “(d) DATA PRIVACY AND SECURITY.—In developing
2 and maintaining the Public Safety Officer Suicide Report-
3 ing System, the Secretary shall ensure that all applicable
4 Federal privacy and security protections are followed to
5 ensure that—

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

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

12 “(e) REPORTING.—

13 “(1) ANNUAL REPORT.—Not later than 2 years
14 after the date of enactment of the Restoring Hope
15 for Mental Health and Well-Being Act of 2022, and
16 biannually thereafter, the Secretary shall submit a
17 report to the Congress on the suicide incidence
18 among public safety officers. Each such report
19 shall—

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

23 “(B) identify characteristics and contrib-
24 uting circumstances for suicide among public
25 safety officers;

1 “(C) disaggregate rates of suicide by—

2 “(i) occupation;

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

5 “(iii) status as active or retired;

6 “(D) include recommendations for further
7 study regarding the suicide incidence among
8 public safety officers;

9 “(E) specify in detail, if found, any obsta-
10 cles in collecting suicide rates for volunteers
11 and include recommended improvements to
12 overcome such obstacles;

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

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

19 “(2) PUBLIC AVAILABILITY.—Upon the submis-
20 sion of each report to the Congress under paragraph
21 (1), the Secretary shall make the full report publicly
22 available on the website of the Centers for Disease
23 Control and Prevention.

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

1 “(1) a public safety officer as defined in section
2 1204 of the Omnibus Crime Control and Safe
3 Streets Act of 1968; or

4 “(2) a public safety telecommunicator as de-
5 scribed in detailed occupation 43–5031 in the Stand-
6 ard Occupational Classification Manual of the Office
7 of Management and Budget (2018).

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

15 (b) PEER-SUPPORT BEHAVIORAL HEALTH AND
16 WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND
17 EMERGENCY MEDICAL SERVICE AGENCIES.—

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

1 **“SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND**
2 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**
3 **MENTS AND EMERGENCY MEDICAL SERVICE**
4 **AGENCIES.**

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

10 “(b) PROGRAM DESCRIPTION.—A peer-support be-
11 havioral health and wellness program funded under this
12 section shall—

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

16 “(2) provide training to members of career, vol-
17 unteer, and combination fire departments or emer-
18 gency medical service agencies to serve as such peer
19 counselors;

20 “(3) purchase materials to be used exclusively
21 to provide such training; and

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

24 “(c) DEFINITION.—In this section:

25 “(1) The term ‘eligible entity’ means a non-
26 profit organization with expertise and experience

1 with respect to the health and life safety of members
2 of fire and emergency medical services agencies.

3 “(2) The term ‘member’—

4 “(A) with respect to an emergency medical
5 services agency, means an employee, regardless
6 of rank or whether the employee receives com-
7 pensation (as defined in section 1204(7) of the
8 Omnibus Crime Control and Safe Streets Act of
9 1968); and

10 “(B) with respect to a fire department,
11 means any employee, regardless of rank or
12 whether the employee receives compensation, of
13 a Federal, State, Tribal, or local fire depart-
14 ment who is responsible for responding to calls
15 for emergency service.”.

16 (2) TECHNICAL CORRECTION.—Effective as if
17 included in the enactment of the Children’s Health
18 Act of 2000 (Public Law 106–310), the amendment
19 instruction in section 1603 of such Act is amended
20 by striking “Part B of the Public Health Service
21 Act” and inserting “Part B of title III of the Public
22 Health Service Act”.

23 (c) HEALTH CARE PROVIDER BEHAVIORAL HEALTH
24 AND WELLNESS PROGRAMS.—Part B of title III of the
25 Public Health Service Act (42 U.S.C. 243 et seq.), as

1 amended by subsection (b)(1), is further amended by add-
2 ing at the end the following:

3 **“SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL**
4 **HEALTH AND WELLNESS PROGRAMS.**

5 “(a) IN GENERAL.—The Secretary may award grants
6 to eligible entities for the purpose of establishing or en-
7 hancing behavioral health and wellness programs for
8 health care providers.

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

11 “(1) provide confidential support services for
12 health care providers to help handle stressful or
13 traumatic patient-related events, including coun-
14 seling services and wellness seminars;

15 “(2) provide training to health care providers to
16 serve as peer counselors to other health care pro-
17 viders;

18 “(3) purchase materials to be used exclusively
19 to provide such training; and

20 “(4) disseminate such information and mate-
21 rials as are necessary to conduct such training and
22 provide such peer counseling.

23 “(c) DEFINITIONS.—In this section, the term ‘eligible
24 entity’ means a hospital, including a critical access hos-
25 pital (as defined in section 1861(mm)(1) of the Social Se-

1 curity Act) or a disproportionate share hospital (as defined
2 under section 1923(a)(1)(A) of such Act), a Federally-
3 qualified health center (as defined in section
4 1905(1)(2)(B) of such Act), or any other health care facil-
5 ity.”.

6 (d) DEVELOPMENT OF RESOURCES FOR EDUCATING
7 MENTAL HEALTH PROFESSIONALS ABOUT TREATING
8 FIRE FIGHTERS AND EMERGENCY MEDICAL SERVICES
9 PERSONNEL.—

10 (1) IN GENERAL.—The Secretary of Health and
11 Human Services shall develop and make publicly
12 available resources that may be used by the Federal
13 Government and other entities to educate mental
14 health professionals about—

15 (A) the culture of Federal, State, Tribal,
16 and local career, volunteer, and combination
17 fire departments and emergency medical serv-
18 ices agencies;

19 (B) the different stressors experienced by
20 firefighters and emergency medical services per-
21 sonnel, supervisory firefighters and emergency
22 medical services personnel, and chief officers of
23 fire departments and emergency medical serv-
24 ices agencies;

1 (C) challenges encountered by retired fire-
2 fighters and emergency medical services per-
3 sonnel; and

4 (D) evidence-based therapies for mental
5 health issues common to firefighters and emer-
6 gency medical services personnel within such
7 departments and agencies.

8 (2) CONSULTATION.—In developing resources
9 under paragraph (1), the Secretary of Health and
10 Human Services shall consult with national fire and
11 emergency medical services organizations.

12 (3) DEFINITIONS.—In this subsection:

13 (A) The term “firefighter” means any em-
14 ployee, regardless of rank or whether the em-
15 ployee receives compensation, of a Federal,
16 State, Tribal, or local fire department who is
17 responsible for responding to calls for emer-
18 gency service.

19 (B) The term “emergency medical services
20 personnel” means any employee, regardless of
21 rank or whether the employee receives com-
22 pensation, as defined in section 1204(7) of the
23 Omnibus Crime Control and Safe Streets Act of
24 1968 (34 U.S.C. 10284(7)).

1 (C) The term “chief officer” means any in-
2 dividual who is responsible for the overall oper-
3 ation of a fire department or an emergency
4 medical services agency, irrespective of whether
5 such individual also serves as a firefighter or
6 emergency medical services personnel.

7 (e) BEST PRACTICES AND OTHER RESOURCES FOR
8 ADDRESSING POSTTRAUMATIC STRESS DISORDER IN
9 PUBLIC SAFETY OFFICERS.—

10 (1) DEVELOPMENT; UPDATES.—The Secretary
11 of Health and Human Services shall—

12 (A) develop and assemble evidence-based
13 best practices and other resources to identify,
14 prevent, and treat posttraumatic stress disorder
15 and co-occurring disorders in public safety offi-
16 cers; and

17 (B) reassess and update, as the Secretary
18 determines necessary, such best practices and
19 resources, including based upon the options for
20 interventions to reduce suicide among public
21 safety officers identified in the annual reports
22 required by section 317V(e)(1)(F) of the Public
23 Health Service Act, as added by subsection (a).

24 (2) CONSULTATION.—In developing, assem-
25 bling, and updating the best practices and resources

1 under paragraph (1), the Secretary of Health and
2 Human Services shall consult with, at a minimum,
3 the following:

4 (A) Public health experts.

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

8 (C) Clinicians with experience in diag-
9 nosing and treating mental health issues.

10 (D) Relevant national police, fire, and
11 emergency medical services organizations.

12 (3) AVAILABILITY.—The Secretary of Health
13 and Human Services shall make the best practices
14 and resources under paragraph (1) available to Fed-
15 eral, State, and local fire, law enforcement, and
16 emergency medical services agencies.

17 (4) FEDERAL TRAINING AND DEVELOPMENT
18 PROGRAMS.—The Secretary of Health and Human
19 Services shall work with Federal departments and
20 agencies, including the United States Fire Adminis-
21 tration, to incorporate education and training on the
22 best practices and resources under paragraph (1)
23 into Federal training and development programs for
24 public safety officers.

1 (5) DEFINITION.—In this subsection, the term
2 “public safety officer” means—

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

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

