

117TH CONGRESS
1ST SESSION

H. R. 4319

To require the Director of the Centers for Disease Control and Prevention to track and report on suicides and other issues among public safety telecommunicators, to require the Federal Emergency Management Agency to award grants to advance public safety telecommunicator health and well-being, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 1, 2021

Ms. KELLY of Illinois (for herself, Mrs. TORRES of California, Mr. FITZPATRICK, and Mr. MELJER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Director of the Centers for Disease Control and Prevention to track and report on suicides and other issues among public safety telecommunicators, to require the Federal Emergency Management Agency to award grants to advance public safety telecommunicator health and well-being, 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 “Providing Resources
3 and Occupational Training for Emotional Crisis and
4 Trauma in 911 Act” or the “PROTECT 911 Act”.

5 **SEC. 2. DATA SYSTEM TO CAPTURE PUBLIC SAFETY TELE-**
6 **COMMUNICATOR SUICIDE RATES.**

7 The Public Health Service Act is amended by insert-
8 ing after section 317 of such Act (42 U.S.C. 247b–23)
9 the following:

10 **“SEC. 317V. DATA SYSTEM TO CAPTURE PUBLIC SAFETY**
11 **TELECOMMUNICATOR SUICIDE RATES.**

12 “(a) IN GENERAL.—The Director, in coordination
13 with the National Highway Traffic Safety Administration
14 and the heads of other Federal agencies as determined ap-
15 propriate by the Director—

16 “(1) shall develop and maintain a data system,
17 to be known as the Public Safety Telecommunicator
18 Suicide Reporting System, for the purposes of—

19 “(A) collecting data on the suicide rate
20 among public safety telecommunicators; and

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

24 “(2) may integrate such system with the Na-
25 tional Violent Death Reporting System, if such inte-

1 gration is consistent with the purposes specified in
2 paragraph (1).

3 “(b) DATA COLLECTION.—In collecting data for the
4 Public Safety Telecommunicator Suicide Reporting Sys-
5 tem, the Director shall, at a minimum, collect the fol-
6 lowing information:

7 “(1) The total number of suicides in the United
8 States among public safety telecommunicators each
9 calendar year.

10 “(2) Suicide rates for public safety telecommu-
11 nicators each calendar year, disaggregated by—

12 “(A) age and gender of the individual;

13 “(B) State;

14 “(C) occupation, including both the indi-
15 vidual’s role and their primary occupation in
16 the case of a part-time public safety telecommu-
17 nicator;

18 “(D) the number of public safety tele-
19 communicators employed at the individual’s pri-
20 mary work location;

21 “(E) the status of the public safety tele-
22 communicator as hourly, part-time, or full-time;

23 “(F) the status of the public safety tele-
24 communicator as active or retired; and

25 “(G) the method of suicide used.

1 “(c) CONSULTATION DURING DEVELOPMENT.—In
2 developing the Public Safety Telecommunicator Suicide
3 Reporting System, the Director shall consult with Federal
4 and non-Federal experts to determine the best means to
5 collect data regarding suicide rates in a safe, sensitive,
6 anonymous, and effective manner. Such non-Federal ex-
7 perts shall include the following:

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

10 “(2) Organizations that track suicide among
11 public safety telecommunicators or conduct aware-
12 ness training specialized to public safety telecommu-
13 nicators.

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

17 “(4) Clinicians with experience in diagnosing
18 and treating mental health issues.

19 “(5) Current and retired public safety tele-
20 communicators, including those trained to provide
21 mental health or peer support.

22 “(6) Relevant public safety telecommunicator
23 organizations.

24 “(d) DATA PRIVACY AND SECURITY.—In developing
25 and maintaining the Public Safety Telecommunicator Sui-

1 cide Reporting System, the Director shall ensure that all
2 applicable Federal and State privacy and security protec-
3 tions are followed to ensure that—

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

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

11 “(e) BEST PRACTICES.—

12 “(1) IN GENERAL.—The Director shall—

13 “(A) develop evidence-based best practices
14 to identify, prevent, and treat posttraumatic
15 stress disorder and co-occurring disorders in
16 public safety telecommunicators; and

17 “(B) periodically reassess and update, as
18 the Director determines necessary, such best
19 practices, including based on the options for
20 interventions to reduce suicide among public
21 safety telecommunicators identified in the an-
22 nual reports under subsection (f).

23 “(2) CONSULTATION.—In developing, reas-
24 ssuming, and updating the best practices under para-

1 graph (1), the Director shall consult with, at a min-
2 imum, the following:

3 “(A) Public health experts.

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

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

9 “(D) Relevant national nonprofit associa-
10 tions of public safety telecommunicators.

11 “(f) ANNUAL REPORT.—Not later than one year
12 after the date of enactment of the PROTECT 911 Act,
13 and annually thereafter, the Director shall submit a report
14 to the Committee on Energy and Commerce of the House
15 of Representatives and the Committee on Commerce,
16 Science, and Transportation of the Senate on the suicide
17 rate among public safety telecommunicators. Each such
18 report shall—

19 “(1) include such suicide rate;

20 “(2) identify risk factors for suicide among
21 public safety telecommunicators;

22 “(3) disaggregate such suicide rate by—

23 “(A) age and gender;

24 “(B) locality and State;

1 “(C) occupation, including both the indi-
2 vidual’s role and primary occupation in case of
3 a part-time public safety telecommunicator;

4 “(D) the number of public safety tele-
5 communicators employed at the individual’s lo-
6 cation;

7 “(E) the status of public safety tele-
8 communicator as hourly, part-time or full time;
9 and

10 “(F) the status of public safety telecommu-
11 nicator as active or retired;

12 “(4) specify in detail, if found, any obstacles in
13 collecting data;

14 “(5) identify options for interventions to reduce
15 suicide among public safety telecommunicators;

16 “(6) differentiate suicide rates based on the
17 adoption of various legacy and new emergency com-
18 munication technologies;

19 “(7) include the best practices developed and
20 updated pursuant to subsection (e); and

21 “(8) ensure the confidentiality and anonymity
22 of suicide victims and their families, as described in
23 subsection (d)(1).

24 “(g) PROHIBITED USE OF INFORMATION.—Notwith-
25 standing any other provision of law, if an individual is

1 identified as deceased based on information contained in
2 the Public Safety Telecommunicator Suicide Reporting
3 System, such information may not be used to deny, mod-
4 ify, or rescind life insurance payments or other benefits
5 to a survivor of the deceased individual.

6 “(h) DEFINITIONS.—In this section:

7 “(1) DIRECTOR.—The term ‘Director’ means
8 the Director of the Centers for Disease Control and
9 Prevention.

10 “(2) EMERGENCY COMMUNICATION TECH-
11 NOLOGIES.—The term ‘emergency communication
12 technologies’ means any publicly available tele-
13 communications technology used to contact or com-
14 municate with an emergency communications center.

15 “(3) PUBLIC SAFETY TELECOMMUNICATOR.—
16 The term ‘public safety telecommunicator’ means a
17 public safety telecommunicator as designated in de-
18 tailed occupation 43–5031 in the Standard Occupa-
19 tional Classification Manual of the Office of Man-
20 agement and Budget (2018), or any successor des-
21 ignation.”.

1 **SEC. 3. GRANTS FOR BEHAVIORAL HEALTH AND WELLNESS**
2 **PROGRAMS WITHIN EMERGENCY COMMU-**
3 **NICATIONS CENTERS.**

4 (a) HOMELAND SECURITY GRANT PROGRAMS.—Sec-
5 tion 2002(a) of the Homeland Security Act of 2002 (6
6 U.S.C. 603(a)) is amended to read as follows:

7 “(a) GRANTS AUTHORIZED.—The Secretary, through
8 the Administrator, and in consultation with the heads of
9 such other Federal agencies as the Administrator deter-
10 mines appropriate, may award grants under sections
11 2003, 2004, 2009, and 2010 of this title to—

12 “(1) State, local, and tribal governments; and
13 “(2) other eligible entities (as such term is de-
14 fined in section 2010) through the State in which
15 such other eligible entities are located.”.

16 (b) BEHAVIORAL HEALTH AND WELLNESS.—Title
17 XX of the Homeland Security Act of 2002 (6 U.S.C. 601
18 et seq.) is amended by inserting after section 2009 the
19 following:

20 **“SEC. 2010. GRANTS FOR BEHAVIORAL HEALTH AND**
21 **WELLNESS PROGRAMS WITHIN EMERGENCY**
22 **COMMUNICATIONS CENTERS.**

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Administrator, and in consultation with the heads of
25 such other Federal agencies as the Administrator deter-
26 mines appropriate, shall award grants to State, local, and

1 multi-local emergency communications centers and other
2 eligible entities, through the State in which such other eli-
3 gible entities are located, for the purpose of establishing
4 or enhancing behavioral health and wellness programs.

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

7 “(1) establish evidence-based behavioral health
8 and wellness programs for emergency communica-
9 tions centers to support public safety telecommu-
10 nicators, including programs dedicated to raising
11 awareness of, preventing, and mitigating job-related
12 mental health issues;

13 “(2) establish or enhance peer-support behav-
14 ioral health and wellness programs;

15 “(3) purchase materials to provide such train-
16 ing; and

17 “(4) disseminate such information and mate-
18 rials as are necessary to carry out the program.

19 “(c) DEVELOPMENT OF RESOURCES FOR EDUCATING
20 MENTAL HEALTH PROFESSIONALS ABOUT TREATING
21 PUBLIC SAFETY TELECOMMUNICATORS.—

22 “(1) IN GENERAL.—The Administrator shall
23 develop and make publicly available resources that
24 may be used by the Federal Government and other

1 entities to educate mental health professionals
2 about—

3 “(A) the culture of emergency communica-
4 tions centers;

5 “(B) the different stressors experienced by
6 public safety telecommunicators;

7 “(C) challenges encountered by retired
8 public safety telecommunicators; and

9 “(D) evidence-based therapies for mental
10 health issues common to public safety tele-
11 communicators.

12 “(2) CONSULTATION.—In developing resources
13 under paragraph (1), the Administrator shall consult
14 with national nonprofit associations of public safety
15 telecommunicators.

16 “(d) DEFINITIONS.—

17 “(1) EMERGENCY COMMUNICATIONS CENTER.—
18 The term ‘emergency communications center’ means
19 a facility that is designated to receive a 9–1–1 re-
20 quest for emergency assistance and perform one or
21 more of the following functions:

22 “(A) Process and analyze 9–1–1 requests
23 for emergency assistance and other gathered in-
24 formation.

1 “(B) Dispatch appropriate emergency re-
2 sponse providers.

3 “(C) Transfer or exchange 9–1–1 requests
4 for emergency assistance and other gathered in-
5 formation with other emergency communica-
6 tions centers and emergency response providers.

7 “(D) Analyze any communications received
8 from emergency response providers.

9 “(E) Support incident command functions.

10 “(2) OTHER ELIGIBLE ENTITY.—The term
11 ‘other eligible entity’ means a nonprofit organization
12 with expertise and experience with respect to the
13 health and wellness of public safety telecommunica-
14 tors, including State, local, and multi-local 9–1–1
15 authorities and State, regional, and national public
16 safety communications associations.

17 “(3) PEER-SUPPORT BEHAVIORAL HEALTH AND
18 WELLNESS PROGRAM.—The term ‘peer-support be-
19 havioral health and wellness program’ means pro-
20 grams that use public safety telecommunicators to
21 serve as peer counselors or provide training to public
22 safety telecommunicators to serve as such peer coun-
23 selors.

24 “(4) PUBLIC SAFETY TELECOMMUNICATOR.—
25 The term ‘public safety telecommunicator’ means a

1 public safety telecommunicator as designated in de-
2 tailed occupation 43-5031 in the Standard Occupa-
3 tional Classification Manual of the Office of Man-
4 agement and Budget (2018), or any successor des-
5 ignation.”.

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