

118TH CONGRESS  
1ST SESSION

# H. R. 6415

To increase access to mental health, substance use, and counseling services for first responders, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 14, 2023

Ms. TOKUDA (for herself, Mr. FITZPATRICK, Ms. BALINT, Mr. LAMALFA, Mr. TONKO, Mrs. WATSON COLEMAN, Mr. NEGUSE, Ms. NORTON, Ms. SALINAS, and Mrs. TORRES of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To increase access to mental health, substance use, and counseling services for first responders, 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 “Crisis Assistance and  
5 Resources in Emergencies for First Responders Act” or  
6 the “CARE for First Responders Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the Department of Homeland  
4 Security, there are an estimated 4.6 million people  
5 serving as career and volunteer professionals in the  
6 United States within 5 primary response disciplines:  
7 law enforcement, fire and rescue services, emergency  
8 management, and public works.

9 (2) First responders are usually the first on the  
10 scene to face challenging, dangerous, and draining  
11 situations.

12 (3) First responders are also the first to reach  
13 out to disaster survivors and provide emotional and  
14 physical support to them. These duties, although es-  
15 sential to the entire community, are strenuous to  
16 first responders and with time put them at an in-  
17 creased risk of experiencing some mental health and  
18 substance use issues and conditions.

19 (4) The combination of exposure to trauma, de-  
20 manding schedules, and physically challenging roles  
21 puts first responders at an increased risk for mental  
22 health issues such as depression, post-traumatic  
23 stress disorder, stress, and suicidal behaviors.

24 (5) According to a 2018 study by the Substance  
25 Abuse and Mental Health Services Administration,  
26 30 percent of first responders develop behavioral

1 health conditions including depression and post-trau-  
2 matic stress disorder, as compared with 20 percent  
3 in the general population.

4 (6) The Substance Abuse and Mental Health  
5 Services Administration finds that an estimated be-  
6 tween 125 and 300 police officers die by suicide an-  
7 nually.

8 (7) Data from the National Violent Death Re-  
9 porting System indicates that first responders made  
10 up 1 percent of all suicides from 2015 to 2017.  
11 When broken down by response discipline, these first  
12 responder suicides occurred among law enforcement  
13 officers (58 percent), firefighters (21 percent), emer-  
14 gency medical services providers (18 percent) and  
15 public safety telecommunicators (2 percent).

16 (8) According to the Firefighter Behavioral  
17 Health Alliance, more firefighters died of suicide  
18 than in the line of duty between 2014 and 2020, and  
19 nearly 58 percent of firefighters were exposed to  
20 traumatic events like mass shootings, violence car  
21 crashes, or child abuse.

22 (9) For many first responders, it can be dif-  
23 ficult to transition from being a provider to client or  
24 patient is not an easy one so when a first responder  
25 finally seeks treatment, it can be devastating to en-

1 counter an ill-prepared provider and may result in  
2 reluctance to seek further help.

3 (10) Many first responders may consider stress  
4 to be “part of the job” and feel that they cannot or  
5 should not talk about traumatic events and other oc-  
6 cupational stressors. Perceived stigma around men-  
7 tal health problems or concerns over impact on em-  
8 ployment, including but not limited to being labeled  
9 as “unfit” for duty, may lead first responders to not  
10 report trauma, mental health issues, or suicidal  
11 thoughts.

12 (11) There are limited resources available to  
13 specifically address the mental health needs of first  
14 responders. Often, first responders are directed to  
15 general mental health practitioners who may not un-  
16 derstand the unique demands faced by first respon-  
17 ders or the cultures in which they operate. While  
18 these services may meet the needs of many patients,  
19 general practitioners may not understand what first  
20 responders experience on the job or be able to relate  
21 to them in a culturally competent manner.

22 (12) Providing first responders with mental  
23 health and substance use resources and services that  
24 are readily available and occupationally relevant can  
25 help them deal with excess stress, attain timely and

1 clinically appropriate care, and feel better prepared  
2 to respond to an emergency.

3 (13) Public safety telecommunicators, including  
4 9–1–1 operators and fire dispatchers, are the back-  
5 bone of our national emergency response system.  
6 They provide round-the-clock coverage in more than  
7 6,000 emergency communication centers around the  
8 country.

9 (14) Public safety telecommunicators are re-  
10 sponsible for answering emergency and non-  
11 emergency calls and directing police, fire and rescue,  
12 and other emergency response personnel to assist  
13 those in need. They are required to multitask, con-  
14 duct on-the-spot problem solving, and maintain  
15 composure and compassion, while coaching callers  
16 through often difficult and disturbing situations like  
17 home invasions, incidents of domestic violence, burn-  
18 ing homes, automobile accidents and fatalities, and  
19 homicides.

20 (15) The work of public safety telecommunica-  
21 tors is often high-stress, fast-paced, and emotionally  
22 demanding. Every day, they are faced with chal-  
23 lenges and trauma that places them at increased  
24 risk for developing mental health challenges.

1           (16) According to studies conducted by Na-  
2           tional Institute for Occupational Safety and Health,  
3           between 17 percent and 24 percent of public safety  
4           telecommunicators have symptoms of post-traumatic  
5           stress disorder and 24 percent have symptoms of de-  
6           pression. While telecommunicators are often the very  
7           first responders engaged with those on scene, re-  
8           search on their suicide risk and mental health has  
9           lagged.

10           (17) Despite playing a critical role in protecting  
11           and saving lives in emergency situations, public safe-  
12           ty telecommunicators are classified by most States  
13           and by the Federal Government as office and admin-  
14           istrative support personnel and not as first respond-  
15           ers, leaving them without access to important mental  
16           health resources available to other emergency re-  
17           sponse professionals.

18 **SEC. 3. CRISIS COUNSELING ASSISTANCE AND TRAINING.**

19           (a) IN GENERAL.—Section 416(a) of the Robert T.  
20           Stafford Disaster Relief and Emergency Assistance Act  
21           (42 U.S.C. 5183(a)) is amended by inserting “and to  
22           qualified emergency response providers responding to  
23           major disasters” after “victims of major disasters”.

24           (b) DEFINITIONS.—Section 102 of the Robert T.  
25           Stafford Disaster Relief and Emergency Assistance Act

1 (42 U.S.C. 5122) is amended by adding at the end the  
2 following:

3 “(13) PUBLIC SAFETY TELECOMMUNICATOR.—

4 The term ‘public safety telecommunicator’ means a  
5 public safety telecommunicator as designated in de-  
6 tailed occupation 43–5031 in the Standard Occupa-  
7 tional Classification Manual of the Office of Man-  
8 agement and Budget issued in 2018, or any suc-  
9 cessor designation.

10 “(14) QUALIFIED EMERGENCY RESPONSE PRO-  
11 VIDERS.—The term ‘qualified emergency response  
12 providers’ means—

13 “(A) emergency response providers (as de-  
14 fined in section 2 of the Homeland Security Act  
15 of 2002 (6 U.S.C. 101)); and

16 “(B) public safety telecommunicators.”.

17 **SEC. 4. SPECIALIZED SERVICES FOR FIRST RESPONDERS.**

18 Subpart 3 of part B of title V of the Public Health  
19 Service Act (42 U.S.C. 290bb–31) is amended by adding  
20 at the end the following:

21 **“SEC. 5200. SPECIALIZED SERVICES FOR FIRST RESPOND-  
22 ERS.**

23 “(a) ESTABLISHMENT.—Not later than 2 years after  
24 the date of enactment of this Act, the Secretary of Health  
25 and Human Services, acting through the Assistant Sec-

1   retary of the Substance Abuse and Mental Health Admin-  
2   istration, shall develop and carry out a comprehensive pro-  
3   gram designed to provide mental health services specifi-  
4   cally tailored to qualified emergency response providers.  
5   Such program shall—

6           “(1) provide for mental health care availability  
7           to qualified emergency response providers on a 24-  
8           hour basis;

9           “(2) provide for a qualified emergency response  
10          providers hotline operated through the 988 Suicide  
11          and Crisis Lifeline under section 520E–3 of the  
12          Public Health Service Act (42 U.S.C. 290bb–36c)  
13          that is confidential and toll-free, sufficiently staffed  
14          by appropriately trained mental health personnel  
15          and available at all times; and

16          “(3) provide for outreach to, and education pro-  
17          grams for, qualified emergency response providers  
18          and their families, with priority given to qualified  
19          emergency response providers of major disasters.

20          “(b) BEST PRACTICES RESEARCH.—

21                 “(1) IN GENERAL.—The Secretary shall, in con-  
22                 sultation with the heads of the agencies specified in  
23                 paragraph (2), conduct or support research on best  
24                 practices for providing mental health services to, and

1 prevent suicide among, qualified emergency response  
2 providers.

3 “(2) AGENCIES SPECIFIED.—The agencies spec-  
4 ified in this paragraph are the following:

5 “(A) The Department of Homeland Secu-  
6 rity.

7 “(B) The Federal Emergency Management  
8 Agency.

9 “(C) The United States Fire Administra-  
10 tion.

11 “(D) The National Institute of Mental  
12 Health.

13 “(E) The Centers for Disease Control and  
14 Prevention.

15 “(F) The Department of Justice.

16 “(c) INFORMATION ADDRESSED IN EDUCATION PRO-  
17 GRAMS.—Education provided under subsection (a)(3) shall  
18 include information designed to—

19 “(1) remove the stigma associated with mental  
20 illness;

21 “(2) encourage qualified emergency response  
22 providers to seek treatment and assistance for men-  
23 tal illness;

24 “(3) promote skills for coping with mental ill-  
25 ness; and

1           “(4) help families of qualified emergency re-  
2           sponse providers with—

3                   “(A) understanding issues arising from the  
4                   transition of qualified emergency response pro-  
5                   viders back into family life and regular work,  
6                   following the end of a disaster assignment;

7                   “(B) identifying signs and symptoms of  
8                   mental illness; and

9                   “(C) encouraging qualified emergency re-  
10                  sponse providers to seek assistance for mental  
11                  illness.

12          “(d) PEER SUPPORT COUNSELING PROGRAM.—

13                  “(1) IN GENERAL.—The Secretary shall, as  
14                  part of the comprehensive program under this sec-  
15                  tion, establish and carry out a peer support coun-  
16                  seling program, under which active and retired  
17                  qualified emergency response providers may volun-  
18                  teer as peer counselors—

19                   “(A) to assist other qualified emergency  
20                   response providers with issues related to mental  
21                   health, readiness, and readjustment; and

22                   “(B) to conduct outreach to qualified  
23                   emergency response providers and their fami-  
24                   lies.

1           “(2) ADMINISTRATION.—In carrying out the  
2 peer support counseling program under this section,  
3 the Secretary shall—

4           “(A) provide for adequate training of indi-  
5 viduals who volunteer to serve as peer coun-  
6 selors, including training carried out under sec-  
7 tion 416(a) of the Robert T. Stafford Disaster  
8 Relief and Emergency Assistance Act; and

9           “(B) coordinate with such community or-  
10 ganizations, State and local governments, insti-  
11 tutions of higher education, chambers of com-  
12 merce, local business organizations, organiza-  
13 tions that provide mental health services, and  
14 other organizations as the Secretary considers  
15 appropriate.

16           “(e) OTHER COMPONENTS.—The Secretary may take  
17 such other actions to carry out the comprehensive program  
18 under this section as the Secretary determines appropriate  
19 for purposes of reducing the incidence of mental illness  
20 and suicide among qualified emergency response pro-  
21 viders.

22           “(f) DEFINITIONS.—In this section:

23           “(1) PUBLIC SAFETY TELECOMMUNICATORS.—  
24 The term “public safety telecommunicator” means a  
25 public safety telecommunicator as designated in de-

1       tailed occupation 43–5031 in the Standard Occupa-  
2       tional Classification Manual of the Office of Man-  
3       agement and Budget issued in 2018, or any suc-  
4       cessor designation.

5               “(2) QUALIFIED EMERGENCY RESPONSE PRO-  
6       VIDERS.—The term ‘qualified emergency response  
7       providers’ means—

8                       “(A) emergency response providers (as de-  
9                       fined in section 2 of the Homeland Security Act  
10                      of 2002 (6 U.S.C. 101)); and

11                     “(B) public safety telecommunicators.

12               “(3) MAJOR DISASTER.—The term ‘major dis-  
13       aster’ has the meaning given such term in section  
14       102 of the Robert T. Stafford Disaster Relief and  
15       Emergency Assistance Act (42 U.S.C. 5122).

16 **“SEC. 520P. ON-SITE MENTAL HEALTH SERVICES GRANTS.**

17       “(a) IN GENERAL.—The Secretary, acting through  
18       the Assistant Secretary for Mental Health and Substance  
19       Use, shall award competitive grants to eligible entities to  
20       establish a new health care delivery site that is a mobile  
21       unit to provide integrated, short-term crisis services to  
22       qualified emergency response providers of a major dis-  
23       aster. Such services shall be—

24                     “(1) linguistically and culturally appropriate;

25                     “(2) trauma-informed; and

1           “(3) incorporate disaster behavioral interven-  
2           tions.

3           “(b) USE OF FUNDS.—An eligible entity that receives  
4 a grant under this subsection may use funds received  
5 through the grant to provide mobile crisis response, sta-  
6 bilization, and intervention services, including—

7           “(1) initial support and triage via mobile crisis  
8           team visits;

9           “(2) on-site screening and evaluation of mental  
10          and behavioral health issues;

11          “(3) assessment of current supports and re-  
12          sources;

13          “(4) short-term crisis management throughout  
14          a major disaster;

15          “(5) referral for appropriate follow-up services,  
16          including sub-acute or acute hospital care;

17          “(6) supportive, collaborative crisis planning;

18          “(7) consultation with existing supports and  
19          services; and

20          “(8) self-care techniques and resilience training.

21          “(c) AUTHORIZED PURCHASE OR LEASE.—The Sec-  
22          retary may purchase or lease equipment for purposes of  
23          carrying out this section, which may include data and in-  
24          formation systems (including the costs of repaying the

1 principal of, and paying the interest on, loans for equip-  
2 ment).

3 “(d) GRANT TERMS.—

4 “(1) MAXIMUM AMOUNT.—The amount of a  
5 grant awarded under subsection (a) may not exceed  
6 \$150,000.

7 “(2) DURATION.—The term of a grant awarded  
8 under subsection (a) shall be for a period of not less  
9 than 6 months. Such term is renewable for a single,  
10 additional term so that the total term of the grant  
11 does not exceed 2 years.

12 “(e) EVALUATIONS AND TECHNICAL ASSISTANCE.—  
13 The Secretary shall—

14 “(1) evaluate the activities supported by grants  
15 awarded under subsection (a), and disseminate, as  
16 appropriate, the findings from the evaluation;

17 “(2) provide appropriate information, training,  
18 and technical assistance, as appropriate, to eligible  
19 entities that receive a grant under this section, to  
20 help such entities to meet the requirements of this  
21 section, including assistance with selection and im-  
22 plementation of evidence-based interventions and  
23 frameworks to protect the mental health of qualified  
24 emergency response providers; and

1           “(3) identify best practices, as applicable, to  
2 improve the identification, assessment, treatment,  
3 and timely transition, as appropriate, to additional  
4 or follow-up care for qualified emergency response  
5 providers who are at risk for mental illness, suicide,  
6 and substance abuse, and enhance the coordination  
7 of care for such individuals during and after a major  
8 disaster, in support of activities supported by grants  
9 awarded under subsection (a).

10           “(f) DEFINITIONS.—

11           “(1) ELIGIBLE ENTITY.—The term ‘eligible en-  
12 tity’ means a State, local, territorial, or Tribal  
13 health department, community health center, rural  
14 health clinic, or nonprofit organization that—

15                   “(A) is located in or around a major dis-  
16 aster area; and

17                   “(B) has experience working with qualified  
18 mental health professionals in providing mental  
19 health, substance use, or counseling services.

20           “(2) MAJOR DISASTER.—The term ‘major dis-  
21 aster’ has the meaning given such term in section  
22 102 of the Robert T. Stafford Disaster Relief and  
23 Emergency Assistance Act (42 U.S.C. 5122).

24           “(3) MAJOR DISASTER AREA.—The term ‘major  
25 disaster area’ has the meaning given such term in

1 section 625.2 of title 20, Code of Federal Regula-  
2 tions (or successor regulations).

3 “(4) PUBLIC SAFETY TELECOMMUNICATORS.—  
4 The term “public safety telecommunicator” means a  
5 public safety telecommunicator as designated in de-  
6 tailed occupation 43–5031 in the Standard Occupa-  
7 tional Classification Manual of the Office of Man-  
8 agement and Budget issued in 2018, or any suc-  
9 cessor designation.

10 “(5) QUALIFIED EMERGENCY RESPONSE PRO-  
11 VIDERS.—The term ‘qualified emergency response  
12 providers’ means—

13 “(A) emergency response providers (as de-  
14 fined in section 2 of the Homeland Security Act  
15 of 2002 (6 U.S.C. 101)); and

16 “(B) public safety telecommunicators.

17 “(6) QUALIFIED MENTAL HEALTH PROFES-  
18 SIONAL.— The term ‘qualified mental health profes-  
19 sional’ means a health care practitioner or social and  
20 human services provider who—

21 “(A) is licensed or certified under State  
22 law in the State involved; and

23 “(B) offers services for the purpose of im-  
24 proving an individual’s mental health or to treat

1           mental health or substance use disorders, in-  
2           cluding—

3                   “(i) a physician, allopathic physicians,  
4                   osteopathic physician, nurse practitioner,  
5                   or physician assistant with a specialty in  
6                   mental and psychiatry;

7                   “(ii) a health service psychologist;

8                   “(iii) a licensed clinical social worker;

9                   “(iv) a psychiatric nurse specialist;

10                  “(v) a marriage and family therapist;

11                  “(vi) a licensed professional counselor;

12                  “(vii) a substance use disorder coun-  
13                  selor;

14                  “(viii) an occupational therapist; or

15                  “(ix) any other individual who—

16                           “(I) has not yet been licensed or  
17                           certified to serve as a professional list-  
18                           ed in any of clauses (i) through (viii);  
19                           and

20                                   “(II) will serve at a Federally  
21                                   qualified health center (as defined in  
22                                   section 1861(aa)(4) of the Social Se-  
23                                   curity Act) under the supervision of a  
24                                   licensed individual or certified profes-  
25                                   sional so listed.

1       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section  
3 \$5,000,000 for each of fiscal years 2024 through 2028.”.

○