To require the Attorney General to propose a program for making treatment for post-traumatic stress disorder and acute stress disorder available to public safety officers, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Fighting Post-Traumatic Stress Disorder Act of 2023”.

SEC. 2. FINDINGS.

Congress finds the following:
(1) Public safety officers serve their communities with bravery and distinction in order to keep their communities safe.

(2) Public safety officers, including police officers, firefighters, emergency medical technicians, and 911 dispatchers, are on the front lines of dealing with situations that are stressful, graphic, harrowing, and life-threatening.

(3) The work of public safety officers puts them at risk for developing post-traumatic stress disorder and acute stress disorder.

(4) It is estimated that 30 percent of public safety officers develop behavioral health conditions at some point in their lifetimes, including depression and post-traumatic stress disorder, in comparison to 20 percent of the general population that develops such conditions.

(5) Victims of post-traumatic stress disorder and acute stress disorder are at a higher risk of dying by suicide.

(6) Firefighters have been reported to have higher suicide attempt and ideation rates than the general population.

(7) It is estimated that between 125 and 300 police officers die by suicide every year.
(8) In 2019, pursuant to section 2(b) of the Law Enforcement Mental Health and Wellness Act of 2017 (Public Law 115–113; 131 Stat. 2276), the Director of the Office of Community Oriented Policing Services of the Department of Justice developed a report (referred to in this section as the “LEMHWA report”) that expressed that many law enforcement agencies do not have the capacity or local access to the mental health professionals necessary for treating their law enforcement officers.

(9) The LEMHWA report recommended methods for establishing remote access or regional mental health check programs at the State or Federal level.

(10) Individual police and fire departments generally do not have the resources to employ full-time mental health experts who are able to treat public safety officers with state-of-the-art techniques for the purpose of treating job-related post-traumatic stress disorder and acute stress disorder.

SEC. 3. PROGRAMMING FOR POST-TRAUMATIC STRESS DISORDER.

(a) DEFINITIONS.—In this section:

(1) PUBLIC SAFETY OFFICER.—The term “public safety officer”—
(A) has the meaning given the term in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284); and

(B) includes Tribal public safety officers.

(2) PUBLIC SAFETY TELECOMMUNICATOR.—

The term “public safety telecommunicator” means an individual who—

(A) operates telephone, radio, or other communication systems to receive and communicate requests for emergency assistance at 911 public safety answering points and emergency operations centers;

(B) takes information from the public and other sources relating to crimes, threats, disturbances, acts of terrorism, fires, medical emergencies, and other public safety matters; and

(C) coordinates and provides information to law enforcement and emergency response personnel.

(b) REPORT.—Not later than 150 days after the date of enactment of this Act, the Attorney General, acting through the Director of the Office of Community Oriented Policing Services of the Department of Justice, shall sub-
mit to the Committee on the Judiciary of the Senate and
the Committee on the Judiciary of the House of Rep-
resentatives a report on—

(1) not fewer than 1 proposed program, if the
Attorney General determines it appropriate and fea-
sible to do so, to be administered by the Department
of Justice for making state-of-the-art treatments or
preventative care available to public safety officers
and public safety telecommunicators with regard to
job-related post-traumatic stress disorder or acute
stress disorder by providing public safety officers
and public safety telecommunicators access to evi-
dence-based trauma-informed care, peer support,
counselor services, and family supports for the pur-
pose of treating or preventing post-traumatic stress
disorder or acute stress disorder;

(2) a draft of any necessary grant conditions
required to ensure that confidentiality is afforded to
public safety officers on account of seeking the care
or services described in paragraph (1) under the pro-
posed program;

(3) how each proposed program described in
paragraph (1) could be most efficiently administered
throughout the United States at the State, Tribal,
territorial, and local levels, taking into account in-
person and telehealth capabilities;

(4) a draft of legislative language necessary to
authorize each proposed program described in para-
graph (1); and

(5) an estimate of the amount of annual appro-
priations necessary for administering each proposed
program described in paragraph (1).

(e) DEVELOPMENT.—In developing the report re-
quired under subsection (b), the Attorney General shall
consult relevant stakeholders, including—

(1) Federal, State, Tribal, territorial, and local
agencies employing public safety officers and public
safety telecommunicators; and

(2) non-governmental organizations, inter-
national organizations, academies, or other entities,
including organizations that support the interests of
public safety officers and public safety telecommu-
icators and the interests of family members of pub-
lic safety officers and public safety telecommunica-
tors.