

119TH CONGRESS
1ST SESSION

H. R. 6548

To amend the Homeland Security Act of 2002 to establish the Law Enforcement Mental Health and Wellness Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2025

Mr. THOMPSON of Mississippi (for himself and Mr. GARBARINO) introduced the following bill; which was referred to the Committee on Homeland Security

A BILL

To amend the Homeland Security Act of 2002 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”.

6 **SEC. 2. DHS SUICIDE PREVENTION AND RESILIENCY FOR**
7 **LAW ENFORCEMENT.**

8 (a) IN GENERAL.—The Homeland Security Act of
9 2002 is amended by inserting after section 710 the fol-
10 lowing new section:

1 **“SEC. 710A. SUICIDE PREVENTION AND RESILIENCY FOR**
2 **LAW ENFORCEMENT.**

3 “(a) DEPARTMENT COMPONENTS DEFINED.—In this
4 section, the term ‘Department components’ means the fol-
5 lowing:

6 “(1) U.S. Customs and Border Protection.

7 “(2) U.S. Immigration and Customs Enforce-
8 ment.

9 “(3) The Office of the Inspector General of the
10 Department of Homeland Security.

11 “(4) The United States Secret Service.

12 “(5) The Transportation Security Administra-
13 tion.

14 “(6) Any other Department component with law
15 enforcement officers or agents.

16 “(b) LAW ENFORCEMENT MENTAL HEALTH AND
17 WELLNESS PROGRAM.—

18 “(1) ESTABLISHMENT.—

19 “(A) IN GENERAL.—The Secretary shall
20 establish, within the office overseen by the
21 Chief Medical Officer of the Department, the
22 Law Enforcement Mental Health and Wellness
23 Program (in this section referred to as the
24 ‘Program’) to provide a comprehensive ap-
25 proach to address the mental health and

1 wellness of Department law enforcement offi-
2 cers and agents.

3 “(B) ADMINISTRATION.—The Secretary,
4 working through the Program, shall carry out
5 the following:

6 “(i) Establish policies and standard
7 operating procedures, consistent with best
8 evidence-based practices, that detail the
9 authority, roles, and responsibilities of the
10 Program.

11 “(ii) Conduct data collection and re-
12 search on mental health, suicides, and, to
13 the extent possible, attempted suicides, of
14 Department law enforcement officers and
15 agents, in accordance with section 552a of
16 title 5, United States Code (commonly
17 known as the Privacy Act of 1974), section
18 501 of the Rehabilitation Act of 1973 (29
19 U.S.C. 791), the Department’s directives
20 and policies, and section 2(a) of the Law
21 Enforcement Suicide Data Collection Act
22 (Public Law 116–143).

23 “(iii) Track current trends and lead-
24 ing practices from other governmental and

1 nongovernmental organizations for law en-
2 forcement mental health and wellness.

3 “(iv) Evaluate current mental health
4 and resiliency programs within the Depart-
5 ment components.

6 “(v) Promote education and training
7 related to mental health, resilience, suicide
8 prevention, stigma, and mental health re-
9 sources to—

10 “(I) raise mental health aware-
11 ness; and

12 “(II) support to supervisors, cli-
13 nicians, care-givers, peer support
14 members, chaplains, and other indi-
15 viduals.

16 “(vi) Establish a Peer-to-Peer Sup-
17 port Program Advisory Council, which
18 shall—

19 “(I) include at least one licensed
20 clinician and at least one official with
21 requisite and relevant training and ex-
22 perience in peer support from each
23 Department component;

24 “(II) evaluate Department com-
25 ponent peer support programs;

1 “(III) identify and address any
2 potential deficiencies, limitations, and
3 gaps;

4 “(IV) provide for sharing of lead-
5 ing practices or best practices, includ-
6 ing internationally recognized peer
7 support standards of care protocols;

8 “(V) establish a peer support
9 network that enables the sharing of
10 trained peer support personnel, chap-
11 lains, and other peer-to-peer personnel
12 across Department components; and

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

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

21 “(bb) provide appropriate
22 care for peer support personnel
23 across Department components.

24 “(vii) Assist Department components
25 in developing a program to provide suicide

1 prevention and resiliency support and
2 training for the following:

3 “(I) Families of Department law
4 enforcement officers and agents.

5 “(II) Surviving families of such
6 officers and agents who have been lost
7 to suicide.

8 “(viii) Work with law enforcement
9 mental health and wellness program offi-
10 cials of Department components (including
11 peer support-trained personnel, agency
12 mental health professionals, chaplains,
13 and, for components with employees having
14 an exclusive representative, the exclusive
15 representative with respect to such pro-
16 gram) to implement new policies, proce-
17 dures, and programs that may be nec-
18 essary based on findings from data collec-
19 tion, research, and evaluation efforts.

20 “(ix) Conduct regular outreach and
21 messaging, across Department compo-
22 nents, of available training opportunities
23 and resources.

24 “(C) CONFIDENTIALITY; LIMITATION.—

1 “(i) CONFIDENTIALITY.—Activities
2 described in subparagraph (C) may not in-
3 clude the publication of any personally
4 identifiable information.

5 “(ii) LIMITATION.—Personally identi-
6 fiable information collected pursuant to
7 subparagraph (C) may not be maintained
8 or used for any purpose other than imple-
9 mentation of this section, unless otherwise
10 permitted under applicable law. Any such
11 personally identifiable information that is
12 so collected, maintained, or used pursuant
13 to this section is subject to applicable pub-
14 lic nondisclosure requirements, including
15 sections 552 and 552a of title 5, United
16 States Code.

17 “(D) PERSONNEL.—

18 “(i) MANAGEMENT.—The Workplace
19 Health and Wellness Coordinator of the
20 Department, under the direction of the
21 Chief Medical Officer of the Department,
22 shall be responsible for the ongoing man-
23 agement of the Program.

24 “(ii) MINIMUM CORE PERSONNEL RE-
25 QUIREMENTS.—Subject to appropriations,

1 the Secretary shall ensure the Program is
2 staffed with the number of employees the
3 Chief Medical Officer of the Department
4 determines necessary to carry out the du-
5 ties described in subparagraph (C), includ-
6 ing representatives from each Department
7 component and the Office of the Chief Pri-
8 vacy Officer.

9 “(2) DIRECTIVE.—Not later than 180 days
10 after the date of the enactment of this section, the
11 Chief Medical Officer of the Department shall carry
12 out the following:

13 “(A) Issue a directive or policy that out-
14 lines the roles and responsibilities of the Pro-
15 gram.

16 “(B) Distribute such directive or policy
17 among Department components.

18 “(c) COORDINATION.—The Chief Medical Officer of
19 the Department shall require the Program to regularly co-
20 ordinate with the Department components by assigning at
21 least one official from each such component to the Pro-
22 gram for the purpose of coordinating with field points of
23 contact who are responsible for carrying out duties within
24 Department mental health and wellness programs.

1 “(d) DEPARTMENT COMPONENTS.—The Secretary
2 shall require the head of each Department component to
3 prioritize and improve mental health and wellness pro-
4 grams that—

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

8 “(2) promote a culture that reduces the stigma
9 of seeking mental health assistance through regular
10 messaging, training, and raising mental health
11 awareness;

12 “(3) offer several avenues of seeking mental
13 health or counseling assistance, both within each
14 such component and through private sources that
15 provide for anonymity and include access to external
16 mental health clinicians, service animals, and any
17 other appropriate, data-driven resources that im-
18 prove mental health;

19 “(4) review and revise relevant policies of De-
20 partment components that inadvertently deter De-
21 partment law enforcement officers and agents from
22 seeking mental health or counseling assistance;

23 “(5) ensure such programs include safeguards
24 against adverse or disciplinary action, including re-
25 taliation or automatic referrals for a fitness for duty

1 examination, by each such component with respect
2 to any Department law enforcement officer or agent
3 solely because such officer or agent self-identifies a
4 need for psychological health counseling or assist-
5 ance or receives such counseling or assistance;

6 “(6) implement policies that require in-person
7 or live and interactive virtual suicide awareness and
8 law enforcement resiliency trainings to be provided
9 to Department law enforcement officers and agents;

10 “(7) make such trainings available—

11 “(A) upon the commencement of the em-
12 ployment of such Department law enforcement
13 officers and agents

14 “(B) on an annual basis during such em-
15 ployment;

16 “(C) during the transition into supervisory
17 roles; and

18 “(D) if feasible, shortly before termination
19 of such employment if such officers and agents
20 elect to participate in such trainings; and

21 “(8) include prevention and awareness training
22 opportunities and support services for families of
23 Department law enforcement officers and agents, as
24 well as other Department personnel.

25 “(e) DATA COLLECTION AND EVALUATION.—

1 “(1) ASSESSMENT OF EFFECTIVENESS OF LAW
2 ENFORCEMENT HEALTH AND WELLNESS PRO-
3 GRAMS.—The Workplace Health and Wellness Coordi-
4 nator, under the direction of the Chief Medical Of-
5 ficer of the Department—

6 “(A) shall—

7 “(i) develop criteria to assess the ef-
8 fectiveness of law enforcement health and
9 wellness programs carried out by the De-
10 partment;

11 “(ii) conduct annual confidential sur-
12 veys of Department law enforcement offi-
13 cers and agents to assist in evaluating the
14 effectiveness of such programs; and

15 “(iii) ensure that the surveys con-
16 ducted pursuant to clause (ii)—

17 “(I) incorporate leading practices
18 in questionnaire and survey design
19 and development; and

20 “(II) establish a baseline and
21 subsequently measure change over
22 time; and

23 “(B) may utilize contractor support in car-
24 rying out the duties described in subparagraph
25 (A).

1 “(2) RECOMMENDATIONS.—The Chief Medical
2 Officer of the Department shall provide rec-
3 ommendations to Department components based on
4 the assessment of law enforcement health and
5 wellness programs carried out by the Department
6 and the results of the surveys conducted pursuant to
7 paragraph (1).

8 “(3) INCIDENT REPORTS.—Each Department
9 component shall report to the Workplace Health and
10 Wellness Coordinator incidents of suicide involving
11 Department law enforcement officers and agents, to-
12 gether with any data relating thereto consistent with
13 data collected under section 2(a) of the Law En-
14 forcement Suicide Data Collection Act (Public Law
15 116–143). The Coordinator shall forward such infor-
16 mation to the Law Enforcement Officers Suicide
17 Data Collection Program established pursuant to
18 such section.

19 “(4) CONFIDENTIALITY; LIMITATION.—

20 “(A) CONFIDENTIALITY.—Activities de-
21 scribed in paragraph (1) or reporting described
22 under paragraph (3) may not include the publi-
23 cation of any personally identifiable informa-
24 tion.

1 “(B) LIMITATION.—Personally identifiable
2 information collected pursuant to paragraph (1)
3 may not be maintained or used for any purpose
4 other than implementation of this section, un-
5 less otherwise permitted under applicable law.
6 Any such personally identifiable information
7 that is so collected, maintained, or used pursu-
8 ant to this section is subject to applicable public
9 nondisclosure requirements, including sections
10 552 and 552a of title 5, United States Code.

11 “(f) BRIEFING.—Not later than 180 days after the
12 date of the enactment of this section and annually there-
13 after through fiscal year 2027, the Chief Medical Officer
14 of the Department shall provide to the Committee on
15 Homeland Security of the House of Representatives and
16 the Committee on Homeland Security and Governmental
17 Affairs of the Senate a briefing regarding the implementa-
18 tion of this section.”.

19 (b) CLERICAL AMENDMENT.—The table of contents
20 in section 1(b) of the Homeland Security Act of 2002 is
21 amended by inserting after the item relating to section
22 710 the following new item:

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

