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(Original Signature of Member)

119TH CONGRESS
2D SESSION

# H. R. _____

To provide for improvements in the implementation of the National Suicide Prevention Lifeline, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Ms. MATSUI introduced the following bill; which was referred to the Committee on _____

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# A BILL

To provide for improvements in the implementation of the National Suicide Prevention Lifeline, 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.**

(a) SHORT TITLE.—This Act may be cited as the ''9–8–8 Implementation Act of 2026''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

# TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

**SEC. 101. REGIONAL AND LOCAL LIFELINE CALL CENTER PROGRAM.**

Part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 520E–4 (42 U.S.C. 290bb-36d) the following:

**"SEC. 520E–5. REGIONAL AND LOCAL LIFELINE CALL CENTER PROGRAM.**

''(a) IN GENERAL.—The Secretary shall award grants to new or existing crisis call centers serving regional or local areas to—

''(1) purchase or upgrade call center technology;

''(2) provide for training of call center staff;

''(3) improve call center operations; and

''(4) provide for hiring of call center staff.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $441,000,000 for fiscal year 2027, to remain available until expended.''.

**SEC. 102. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.**

Section 520F(e) of the Public Health Service Act (42 U.S.C. 290bb–37(e)) is amended by striking ''section, $10,000,000 for each of fiscal years 2025 through 2029'' and inserting the following: ''section—

''(1) $10,000,000 for each of fiscal years 2025 and 2026; and

''(2) $100,000,000 for each of fiscal years 2027 through 2029''.

**SEC. 103. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.**

(a) NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.—Section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended—

(1) in subsection (b)—

(A) by amending paragraph (4) to read as follows:

''(4) conducting the national suicide prevention media campaign described in section 520E–5;'';

(B) by redesignating paragraph (6) as paragraph (7); and

(C) by inserting after paragraph (5) the following:

''(6) improving awareness of the program, including through targeted, age, and culturally appropriate outreach in schools and to the general public more widely through advertisements in highly trafficked areas or shared public spaces such as rail or public transportation stations, on billboards, in stadiums, or other such highly visible areas; and''; and

(2) by amending subsection (f) to read as follows:

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated—

''(1) to carry out subsection (b)(4), $10,000,000 for each of fiscal years 2026 through 2030; and

''(2) to carry out this section, except for subsection (b)(4), $101,621,000 for each of fiscal years 2023 through 2027.''.

(b) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—The Public Health Service Act is amended by inserting after section 520E–4 (42 U.S.C. 290bb–36d) the following:

**"SEC. 520E–5. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.**

''(a) IN GENERAL.—

''(1) NATIONAL MEDIA CAMPAIGN.—Not later than the date that is 3 years after the date of the enactment of this section, the Secretary, in consultation with the Assistant Secretary and the Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director'), shall conduct a national suicide prevention media campaign (referred to in this section as the 'national media campaign'), for purposes of—

''(A) preventing suicide in the United States;

''(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

''(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Administration (including the suicide prevention hotline maintained under section 520E–3), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Adminis-

tration, and other support resources determined appropriate by the Secretary.

''(2) ADDITIONAL CONSULTATION.—In addition to consulting with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, the administrator of the suicide prevention hotline maintained under section 520E–3, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

''(b) TARGET AUDIENCES.—

''(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience

(such as a particular geographic location or demographic).

''(2) TARGETING CERTAIN LOCAL AREAS.—The Secretary shall, to the maximum extent practicable, use funds made available to carry out this section for media that target certain local areas or populations at disproportionate risk for suicide.

''(c) USE OF FUNDS.—

''(1) REQUIRED USES.—

''(A) IN GENERAL.—The Secretary shall, if reasonably feasible with the funds made available to carry out this section, carry out the following, with respect to the national media campaign:

''(i) Testing and evaluation of advertising.

''(ii) Evaluation of the effectiveness of the national media campaign.

''(iii) Operational and management expenses.

''(iv) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

''(B) SPECIFIC REQUIREMENTS.—

''(i) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(i), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

''(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall take into account—

''(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

''(II) the number of unique encounters with suicide prevention and

support resources of the Centers for Disease Control and Prevention and the Administration and assess engagement with such suicide prevention and support resources;

''(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

''(IV) such other measures of evaluation as the Secretary determines are appropriate.

''(2) OPTIONAL USES.—The Secretary may use funds made available to carry out this section for the following, with respect to the national media campaign:

''(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Administration and the Centers for Disease Control and Prevention.

''(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

''(3) PROHIBITION.—None of the funds made available to carry out this section may be obligated or expended for partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

''(d) REPORT TO CONGRESS.—Not later than 18 months after the date on which implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

''(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

''(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

''(3) plans to purchase advertising time and space;

''(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

''(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.''.

# TITLE II—HEALTH RESOURCES AND SERVICES ADMINISTRATION

**SEC. 201. HEALTH CENTER CAPITAL GRANTS.**

Subpart 1 of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

**''SEC. 330Q. HEALTH CENTER CAPITAL GRANTS.**

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for capital projects.

''(b) ELIGIBLE ENTITY.—In this section, the term eligible entity is an entity that is—

''(1) a health center funded under section 330, or in the case of a Tribe or Tribal organization, eligible, to be awarded without regard to the time limitation in subsection (e)(3) and subsections (e)(6)(A)(iii), (e)(6)(B)(iii), and (r)(2)(B) of such section; or

''(2) a crisis receiving and stabilization facility or crisis call center that has a working relationship with one or more local community mental health and substance use organizations, community mental health centers, and certified community behavioral health clinics, or other local mental health and substance use care providers, including inpatient and residential treatment settings.

''(c) USE OF FUNDS.—Amounts made available to a recipient of a grant or cooperative agreement pursuant to subsection (a) shall be used for crisis response program facility alteration, renovation, remodeling, expansion, new construction, and other capital improvement costs, including the costs of amortizing the principal of, and paying interest on, loans for such purposes.

''(d) DEFINITIONS.—In this section:

''(1) CRISIS RECEIVING AND STABILIZATION FACILITY.—The term 'crisis receiving and stabilization

facility' means a freestanding, non-hospital facility that—

"(A) qualifies for licensure or certification as a crisis receiving and stabilization facility, pursuant to State law of the State in which such facility furnishes crisis response services;

"(B) provides 23-hour observation and assessment chairs or beds and 48-hour crisis stabilization psychiatric beds inclusive of withdrawal management and 24-hour medical monitoring;

"(C) provides crisis response services 24 hours per day, 7 days per week using a sliding scale of payment, and neither rejects service nor limits services on the basis of a patient's ability to pay, place of residence, prior forensic engagement, acuity of mental health or substance use condition, intellectual or developmental disability, age or related factors;

"(D) supports no-wrong-door admission capacity available to law enforcement officers, emergency medical personnel, and family members; and

"(E) maintains an average length-of-stay of less than 150 hours.

''(2) CRISIS RESPONSE PROGRAM FACILITY.—The term 'crisis response program facility' means a facility used for the purposes of mental health or substance use services that are furnished to an individual, including children and adolescents, experiencing a mental health or substance use crisis by—

''(A) a mobile crisis response team;

''(B) a crisis receiving and stabilization facility;

''(C) a mental health or substance use urgent care facility; or

''(D) other appropriate provider, as determined by the Secretary.

''(3) MENTAL HEALTH AND SUBSTANCE USE URGENT CARE FACILITY.—The term 'mental health and substance use urgent care facility' means an ambulatory facility in which individuals experiencing a mental or behavioral health crisis may receive crisis assessment services, crisis intervention services, medication, and connection to other appropriate services, without making an appointment prior to arriving at the facility.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000,000, to remain available until expended.''.

**SEC. 202. EXPANDING BEHAVIORAL HEALTH WORKFORCE TRAINING PROGRAMS.**

(a) NATIONAL HEALTH SERVICE CORPS.—Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended by adding at the end the following:

''(l) The Secretary shall collect and publish in the Federal Register data comparing the availability and need of crisis response services in health professional shortage areas and in areas within such health professional shortage areas, including—

''(1) the number of crisis call centers, mobile crisis response units, and crisis receiving and stabilization facilities in such areas; and

''(2) the number of behavioral and mental health professionals providing crisis management services or working in crisis response settings, including the settings described in paragraph (1).''.

(b) MINORITY FELLOWSHIP PILOT PROGRAM FOR CRISIS MANAGEMENT SERVICES.—Section 597 of the Public Health Service Act (42 U.S.C. 290ll) is amended—

(1) by amending subsection (b) to read as follows:

''(b) TRAINING COVERED.—The fellowships awarded under subsection (a) shall be for postbaccalaureate training (including for master's and doctoral degrees) for men-

tal and substance use disorder treatment professionals, including—

''(1) in the fields of psychiatry, addiction medicine, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling; and

''(2) in crisis management services (such as at a crisis call center, as part of a mobile crisis team, or at a crisis receiving and stabilization facility).''; and

(2) by amending subsection (c) to read as follows:

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

''(1) for carrying out this section (except with respect to subsection (b)(2)), $25,000,000 for each of fiscal years 2023 through 2027; and

''(2) for awarding fellowships described in subsection (b)(2), $10,000,000 for each of fiscal years 2027 through 2031.''.

(c) BEHAVIORAL HEALTH WORKFORCE EDUCATION AND TRAINING.—Section 756 of the Public Health Service Act (42 U.S.C. 294e–1) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by inserting ''or remote programs that offer practicum hours'' after ''other field placement programs'';

(ii) by inserting ''(which may include training or a field practicum employing call, text, or chat responders for mental health crisis lines)'' after ''social work''; and

(iii) by inserting ''crisis management (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program),'' after ''occupational therapy (which may include master's and doctoral level programs),'';

(B) in paragraph (2), by inserting ''and providing crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program)'' after ''treatment services,'';

(C) in paragraph (3), by inserting ''and providing crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program)'' after ''behavioral health services''; and

(D) in paragraph (4), by inserting ", including for the provision of crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program)," after "paraprofessional field"; and

(2) by amending subsection (f) to read as follows:

"(f) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—For each of fiscal years 2026 through 2030, there are authorized to be appropriated to carry out this section $50,000,000, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $15,000,000.

"(B) For grants described in subsection (a)(2), $15,000,000.

"(C) For grants described in subsection (a)(3), $10,000,000.

"(D) For grants described in subsection (a)(4), $10,000,000.

"(2) ADDITIONAL AUTHORIZATION FOR CRISIS WORKFORCE DEVELOPMENT.—For each of fiscal years 2027 through 2031, in addition to the amounts under paragraph (1), there are authorized

to be appropriated to carry out this section with respect to crisis workforce development $10,000,000.''.

# TITLE III—BEHAVIORAL HEALTH CRISIS SERVICES EXPANSION

**SEC. 301. COVERAGE OF CRISIS RESPONSE SERVICES.**

(a) COVERAGE UNDER THE MEDICARE PROGRAM.—

(1) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (JJ), by striking ''and'' at the end;

(B) in subparagraph (KK), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(LL) crisis response services as defined in subsection (ooo);''.

(2) CRISIS RESPONSE SERVICES DEFINED.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

''(ooo) CRISIS RESPONSE SERVICES.—

''(1) IN GENERAL.—The term 'crisis response services' means mental health or substance use services that are furnished by a mobile crisis response

team, a crisis receiving and stabilization facility, mental health or substance use urgent care facility, or other appropriate provider, as determined by the Secretary, to an individual, including children and adolescents, experiencing a mental health or substance use crisis.

''(2) CRISIS RECEIVING AND STABILIZATION FACILITY.—For purposes of paragraph (1), the term 'crisis receiving and stabilization facility' means a facility that—

''(A) qualifies for licensure or certification as a crisis receiving and stabilization facility, pursuant to State law of the State in which such facility furnishes services;

''(B) provides 23-hour observation and assessment chairs or beds and 48-hour crisis stabilization psychiatric beds inclusive of withdrawal management and 24-hour medical monitoring;

''(C) provides mental health or substance use services 24-hours per days, 7 days per week using a sliding scale of payment, and neither rejects service nor limits services on the basis of a patient's ability to pay, place of residence, prior forensic engagement, acuity of mental

health or substance use condition, intellectual or developmental disability, age or related factors;

"(D) supports no-wrong-door admission capacity available to law enforcement officers, emergency medical personnel, and family members; and

"(E) maintains an average length of stay of less than 150 hours.

"(3) MENTAL HEALTH AND SUBSTANCE USE URGENT CARE FACILITY.—For purposes of paragraph (1), the term 'mental health and substance use urgent care facility' means an ambulatory facility where individuals experiencing a mental or behavioral health crisis may walk in without an appointment to receive crisis assessment services, crisis intervention services, medication, and connection to other appropriate services.".

(3) PAYMENT.—

(A) IN GENERAL.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(i) by striking "and (HH)" and inserting "(HH)"; and

(ii) by inserting before the semicolon at the end the following: ''and (II) with respect to crisis response services described in section 1861(s)(2)(LL), the amounts paid shall be 80 percent of the lesser of the actual charge for the service or the amount determined under the payment basis established under section 1834(bb)''.

(B) ESTABLISHMENT OF PAYMENT BASIS.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(bb) PAYMENT FOR CRISIS RESPONSE SERVICES.—The Secretary shall establish a payment basis determined appropriate by the Secretary with respect to crisis response services (as defined in section 1861(ooo)) furnished by a provider of services or supplier.''.

(4) AMBULANCE TRANSPORT OF INDIVIDUALS IN CRISIS.—

(A) IN GENERAL.—Section 1834(l) of the Social Security Act (42 U.S.C. 1395m(l)) is amended by adding at the end the following new paragraph:

''(18) TRANSPORTATION OF INDIVIDUALS IN CRISIS.—With respect to ambulance services fur-

nished on or after the date that is 3 years after the date of the enactment of the Behavioral Health Crisis Services Expansion Act, the regulations described in section 1861(s)(7) shall provide coverage under such section for ambulance and other qualified emergency transport services to transport an individual experiencing a mental health or substance crisis to an appropriate facility, such as a community mental health center (as defined in section 1861(ff)(3)(B)) or other facility or provider identified by the Secretary, as appropriate, for crisis response services described in section 1861(s)(2)(LL).''.

(B) CONFORMING AMENDMENT.—Section 1861(s)(7) of such Act (42 U.S.C. 1395x(s)(7)) is amended by striking ''section 1834(l)(14)'' and inserting ''paragraphs (14) and (18) of section 1834(l)''.

(5) EFFECTIVE DATE.—The amendments made by this subsection shall apply to services furnished on or after the date that is 3 years after the date of the enactment of this Act.

(b) MANDATORY COVERAGE OF CRISIS RESPONSE SERVICES UNDER THE MEDICAID PROGRAM.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) in section 1902(a)(10)(A), in the matter preceding clause (i), by striking ''and (30)'' and inserting ''(30), and (31)''; and

(2) in section 1905—

(A) in subsection (a)—

(i) in paragraph (31), by striking ''; and'' and inserting a semicolon;

(ii) by redesignating paragraph (32) as paragraph (33); and

(iii) by inserting the following paragraph after paragraph (31):

''(32) crisis response services (as defined in section 1861(ooo)); and''.

(3) PRESUMPTIVE ELIGIBILITY DETERMINATION BY CRISIS RESPONSE SERVICE PROVIDERS.—Section 1902(a)(47)(B) of the Social Security Act (42 U.S.C. 1396a(a)(47)(B)) is amended by inserting ''or provider of crisis response services (as defined in section 1861(ooo))'' after ''any hospital''.

(4) EFFECTIVE DATE.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the amendments made by this section shall take effect on the date that is 3 years after the date of the enactment of this Act.

(B) DELAY PERMITTED IF STATE LEGISLATION REQUIRED.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

(c) GROUP HEALTH PLANS AND HEALTH INSURANCE ISSUERS.—

(1) PHSA.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et

seq.) is amended by adding at the end the following new section:

**"SEC. 2799A–12. REQUIRED COVERAGE OF CRISIS RESPONSE SERVICES.**

''(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide benefits under such plan or coverage for crisis response services (as defined in section 1861(ooo) of the Social Security Act).

''(b) APPLICATION OF FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall ensure that, with respect to services for which benefits are required to be provided under such plan or coverage under subsection (a)—

''(1) the financial requirements applicable to such services are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan or coverage and there are no separate cost-sharing requirements that are applicable only with respect to such services; and

''(2) the treatment limitations applicable to such items and services are no more restrictive than the predominant treatment limitations applied to

substantially all medical and surgical benefits covered by the plan or coverage and there are no separate treatment limitations that are applicable only with respect to such services.

''(c) DEFINITIONS.—In this section, the terms 'financial requirement', 'predominant', and 'treatment limitation' have the meaning given such terms in clauses (i) through (iii), respectively, of section 2726(a)(3)(B), except that the term 'financial requirement' shall include aggregate lifetime limits and annual limits.''.

(2) ERISA.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following new section:

**''SEC. 727. REQUIRED COVERAGE OF CRISIS RESPONSE SERVICES.**

''(a) IN GENERAL.—A group health plan and a health insurance issuer offering group health insurance coverage shall provide benefits under such plan or coverage for crisis response services (as defined in section 1861(ooo) of the Social Security Act).

''(b) APPLICATION OF FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—A group health plan

and a health insurance issuer offering group health insurance coverage shall ensure that, with respect to services for which benefits are required to be provided under such plan or coverage under subsection (a)—

''(1) the financial requirements applicable to such services are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan or coverage and there are no separate cost-sharing requirements that are applicable only with respect to such services; and

''(2) the treatment limitations applicable to such items and services are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan or coverage and there are no separate treatment limitations that are applicable only with respect to such services.

''(c) DEFINITIONS.—In this section, the terms 'financial requirement', 'predominant', and 'treatment limitation' have the meaning given such terms in clauses (i) through (iii), respectively, of section 712(a)(3)(B), except that the term 'financial requirement' shall include aggregate lifetime limits and annual limits.''.

(B) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 note) is amended by inserting after the item relating to section 726 the following new item:

''Sec. 727. Required coverage of crisis response services.''.

(3) IRC.—

(A) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

**''SEC. 9827. REQUIRED COVERAGE OF CRISIS RESPONSE SERVICES.**

''(a) IN GENERAL.—A group health plan shall provide benefits under such plan for crisis response services (as defined in section 1861(ooo) of the Social Security Act).

''(b) APPLICATION OF FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—A group health plan shall ensure that, with respect to services for which benefits are required to be provided under such plan under subsection (a)—

''(1) the financial requirements applicable to such services are no more restrictive than the predominant financial requirements applied to substan-

tially all medical and surgical benefits covered by the plan and there are no separate cost-sharing requirements that are applicable only with respect to such services; and

''(2) the treatment limitations applicable to such items and services are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan and there are no separate treatment limitations that are applicable only with respect to such services.

''(c) DEFINITIONS.—In this section, the terms 'financial requirement', 'predominant', and 'treatment limitation' have the meaning given such terms in clauses (i) through (iii), respectively, of section 9812(a)(3)(B), except that the term 'financial requirement' shall include aggregate lifetime limits and annual limits.''.

(B) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''Sec. 9827. Required coverage of crisis response services.''.

(4) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to plan years beginnign on or after the date that is 3 years after the date of the enactment of this Act.

(d) TRICARE COVERAGE.—

(1) IN GENERAL.—The Secretary of Defense shall provide coverage under the TRICARE program for crisis response services, as defined in section 1861(ooo) of the Social Security Act (42 U.S.C. 1395x).

(2) TRICARE PROGRAM DEFINED.—In this section, the term ''TRICARE program'' has the meaning given the term in section 1072 of title 10, United States Code.

(e) REIMBURSEMENT FOR CRISIS RESPONSE SERVICES FOR VETERANS.—Section 1725(h) of title 38, United States Code, is amended—

(1) in paragraph (1), in the matter preceding subparagraph (A), by inserting '', including crisis response services,'' after ''services''; and

(2) by adding at the end the following new paragraph:

''(4) The term 'crisis response services' has the meaning given such term in subsection (ooo) of section 1861 of the Social Security Act (42 U.S.C. 1395x).''.

(f) COVERAGE UNDER FEHB.—

(1) IN GENERAL.—Section 8902 of title 5, United States Code, is amended by adding at the end the following:

''(q) Each contract for a plan under this chapter shall require the carrier to provide coverage for crisis response services, as that term is defined in subsection (ooo) of section 1861 of the Social Security Act (42 U.S.C. 1395x).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply beginning with respect to the third contract year for chapter 89 of title 5, United States Code, that begins on or after the date that is 3 years after the date of enactment of this Act.

(g) COVERAGE UNDER CHIP.—Section 2103(c)(5) of the Social Security Act (42 U.S.C. 1397cc(c)(5)) is amended—

(1) in subparagraph (A), by striking ''and'' at the end;

(2) in subparagraph (B), by striking the period and inserting ''; and''; and

(3) by adding at the end the following new subparagraph:

''(C) beginning on the date that is 3 years after the date of the enactment of this subpara-

graph, crisis response services (as defined in section 1861(ooo)).''.

**SEC. 302. INCIDENT REPORTING.**

(a) ESTABLISHMENT OF PANEL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with the Attorney General, shall convene a panel (referred to in this section as the ''panel'') to issue recommendations relating to the training requirements and protocols for 9–1–1 dispatchers.

(b) PURPOSE OF RECOMMENDATIONS.—The purpose of the recommendations to be issued under subsection (a) shall be to ensure that 9–1–1 dispatchers respond appropriately to individuals experiencing a behavioral health crisis based on the characteristics of the incident and the needs of the caller.

(c) MEMBERSHIP.—

(1) APPOINTMENT.—The panel shall be composed of members to be appointed by the Secretary and shall include—

(A) psychiatrists;

(B) paramedics and other emergency medical services personnel;

(C) law enforcement officers and 9–1–1 dispatchers;

(D) representatives from each segment of the crisis response continuum, including 9–8–8 dispatchers;

(E) members of underserved communities;

(F) representatives of Tribes or Tribal organizations;

(G) individuals with experience treating individuals with serious mental illness or post-traumatic stress disorder, including veterans and servicemembers; and

(H) such other individuals as the Secretary determines appropriate.

(2) TERMS.—The Secretary shall appoint the members of the panel to serve staggered 5-year terms.

(d) RECOMMENDATIONS.—

(1) CONSIDERATIONS.—In making recommendations under subsection (a), the panel shall consider—

(A) connecting 9–1–1 callers to crisis care services instead of responding with law enforcement officers;

(B) integrating the 9–8–8 system into the 9–1–1 system, or transferring calls from the 9–1–1 system to the 9–8–8 system as appropriate;

(C) a process for—

(i) identifying 9–1–1 callers who may be experiencing psychiatric symptoms or a mental health crisis, substance use crisis, or co-occurring crisis; and

(ii) evaluating the level of need of such callers, as defined by relevant, standardized assessment tools such as the Level of Care Utilization System (LOCUS), the Child and Adolescent Level of Care Utilization System (CALOCUS), and the American Society of Addiction Medicine (ASAM) Criteria; and

(D) establishing training, staffing, and protocol requirements, including the measures described in paragraph (2), to ensure that 9–1–1 and 9–8–8 dispatch personnel are equipped to respond appropriately to the individuals referred to in subparagraphs (E) through (H) of subsection (c)(1).

(2) MEASURES TO MEET THE NEEDS OF CERTAIN 9–1–1 CALLERS.—The measures referred to in paragraph (1)(D) include—

(A) training of dispatch personnel on cultural competency, implicit bias, and evidence-

based best practices for individuals experiencing a behavioral or mental health crisis; and

(B) procedures designed to recruit, retain, or designate as dispatch personnel those individuals that have specialized training or demonstrated experience in—

(i) serving rural or medically underserved communities; or

(ii) serving individuals with serious mental illness or post-traumatic stress disorder.

(3) COORDINATION WITH SAMHSA.—In developing recommendations under paragraph (1), the panel shall coordinate with the Assistant Secretary for Mental Health and Substance Use for the purpose of ensuring consistency across Federal behavioral health crisis response systems, including alignment of—

(A) the training and protocol requirements for 9–1–1 dispatchers; and

(B) the development of guidance, training standards, and best practices issued by the Substance Abuse and Mental Health Services Administration for the 9–8–8 Suicide and Crisis Lifeline.

(4) UPDATES.—The panel shall update recommendations issued under subsection (a) not less frequently than once every 5 years.

(e) DATA COLLECTION AND REPORTING STANDARDS.—

(1) IN GENERAL.—The panel shall develop data collection and reporting standards for use by the Secretary in collecting and assessing outcomes for individuals who contact 9–1–1 or 9–8–8 systems, including—

(A) the extent to which callers are successfully connected to crisis care services;

(B) the frequency of law enforcement involvement in such responses; and

(C) any disparities in response times, referrals, or outcomes compared to the general population or between different types of populations.

(2) PRIVACY.—In developing the standards under paragraph (1), the panel shall ensure that data is collected in a manner that protects caller privacy and confidentiality.

(3) COORDINATION.—In developing the standards under paragraph (1), the panel shall coordinate

with entities participating in the National 911 Program, including—

(A) the National Highway Traffic Safety Administration;

(B) the Federal Communications Commission;

(C) the Cybersecurity and Infrastructure Security Agency;

(D) the National Telecommunications and Information Administration; and

(E) State and local agencies operating 9–1–1 call centers.

(f) REPORTS TO CONGRESS.—On the date of issuance of recommendations under subsection (a), and on the date of issuance of each update of such recommendations, the panel shall submit to Congress a report containing the finding and recommendations of the panel.

(g) NONAPPLICABILITY OF TERMINATION PROVISION.—Section 1013(a)(2) of title 5, United States Code (relating to the termination of advisory committees), shall not apply to the Commission.

# TITLE IV—MEDICAID AMENDMENTS

**SEC. 401. REVISIONS TO THE STATE OPTION TO PROVIDE QUALIFYING COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES AND OTHER SERVICES UNDER STATE PLANS UNDER THE MEDICAID PROGRAM.**

(a) IN GENERAL.—Section 1947 of the Social Security Act (42 U.S.C. 1396w–6) is amended—

(1) in subsection (a)—

(A) by striking ''for qualifying community-based mobile crisis intervention services'' and inserting ''for—

''(1) qualifying community-based mobile crisis intervention services;

''(2) regional and local lifeline call center operations; and

''(3) services furnished by crisis receiving and stabilization facilities.''; and

(B) by striking ''during the 5-year period'';

(2) in subsection (c)—

(A) by striking ''85 percent.'' and inserting the following: ''85 percent, and for medical assistance for items described in paragraphs (2)

and (3) of subsection (a) furnished during such quarter shall be equal to 85 percent.''; and

(B) by striking ''occurring during the period described in subsection (a) that a State'' and inserting ''in which a State provides medical assistance for qualifying community-based mobile crisis intervention services under this section and'';

(3) in subsection (d)(2)—

(A) in subparagraph (A), by striking ''for the fiscal year preceding the first fiscal quarter occurring during the period described in subsection (a)'' and inserting ''for the fiscal year preceding the first fiscal quarter in which the State provides medical assistance for qualifying community-based mobile crisis intervention services under this section''; and

(B) in subparagraph (B), by striking ''occurring during the period described in subsection (a)'' and inserting ''occurring during a fiscal quarter'';

(4) in subsection (e), by adding at the end at the following new sentence: ''There is appropriated, out of any funds in the Treasury not otherwise appropriated, $5,000,000 to the Secretary for the pur-

poses described in the preceding sentence to remain available until expended.''; and

(5) by adding at the end the following new subsection:

''(f) DEFINITION.—In this section, the term 'crisis receiving and stabliziation facility' means a facility that—

''(1) qualifies for licensure or certification as a crisis receiving and stabilization facility, pursuant to State law of the State in which such facility furnishes the crisis response services;

''(2) provides 23-hour observation and assessment chairs or beds and 48-hour crisis stabilization psychiatric beds inclusive of withdrawal management and 24-hour medical monitoring;

''(3) provides such services 24-hours per days, 7 days per week using a sliding scale of payment, and neither rejects service nor limits services on the basis of a patient's ability to pay, place of residence, prior forensic engagement, acuity of mental health or substance use condition, intellectual or developmental disability, age or related factors;

''(4) supports no-wrong-door admission capacity available to law enforcement officers, emergency medical personnel, and family members; and

''(5) maintains an average length of stay of less than 150 hours.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect as if included in the enactment of the American Rescue Plan Act of 2021 (Public Law 117–2).

**SEC. 402. REVISIONS TO THE IMD EXCLUSION UNDER MEDICAID.**

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (i)—

(A) by striking ''The term'' and inserting the following: ''(1) Subject to paragraph (2), the term''; and

(B) by adding at the end the following new paragraph:

''(2) Beginning the day after the date of the enactment of this paragraph, the term 'institution for mental diseases' does not include—

''(A) a clinic certified by the State as a certified community behavioral health clinic for purposes of participating in a demonstration program conducted under section 223(d) of the Protecting Access to Medicare Act of 2014;

''(B) a community mental health center that meets the criteria specified in section 1913(c) of the Public Health Service Act;

''(C) a crisis receiving and stabilization facility (as defined in subsection (ll)(1)); or

''(D) a mental health and substance use urgent care facility (as defined in subsection (ll)(2)).''; and

(2) by adding at the end the following new subsection:

''(ll) CRISIS RECEIVING AND STABILIZATION FACILITY; MENTAL HEALTH AND SUBSTANCE USE URGENT CARE FACILITY.—

''(1) CRISIS RECEIVING AND STABILIZATION FACILITY.—For purposes of subsection (i)(2), the term 'crisis receiving and stabilization facility' means a facility that—

''(A) is licensed or certified to furnish crisis response services under applicable State law;

''(B) is available to provide services 24 hours a day and 7 days a week;

''(C) provides patients with, at a minimum, 23 hours of observation and assessment services, followed by 48 hours of crisis stabilization

services (including withdrawal management and 24-hour medical monitoring);

''(D) does not deny or limit services on the basis of a patient's ability to pay, place of residence, prior engagement with the criminal justice system, acuity of mental health or substance use condition, intellectual or developmental disability, age, or related factors;

''(E) applies a schedule of discounts to the payment of fees or charges for the provision of its services, which are adjusted on the basis of the patient's ability to pay;

''(F) accepts patient referrals from law enforcement officers, emergency medical personnel, and family members; and

''(G) maintains an average length of stay of less than 150 hours.

''(2) MENTAL HEALTH AND SUBSTANCE USE URGENT CARE FACILITY.—For purposes of subsection (i)(2), the term 'mental health and substance use urgent care facility' means a facility where individuals experiencing a mental or behavioral health crisis may walk in without an appointment to receive crisis assessment services, crisis intervention serv-

ices, medication, and connection to other appropriate services.''.

(b) GUIDANCE.—Not later than 180 days after the date of enactment of this section, the Secretary of Health and Human Services shall issue guidance to States relating to the implementation of the amendments made by subsection (a).

(c) REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary, in collaboration with the Attorney General and any other relevant Federal officials (as determined by the Secretary), shall submit to Congress a report that includes the following:

(A) Information with respect to the utilization of crisis receiving and stabilization facilities during the period following such date of enactment, including—

(i) the number of patients served;

(ii) the type and duration of facility-based services;

(iii) the number of referrals to community-based outpatient care;

(iv) any trends observed in referrals made by law enforcement agencies to such facilities; and

(v) any other data relevant to assessing the ability for these facilities to divert mental health and substance use disorder emergencies from law enforcement response.

(B) An analysis of the extent to which access to crisis receiving and stabilization facilities is associated with—

(i) reduced admissions to hospital emergency rooms;

(ii) adverted admissions and readmissions to psychiatric hospitals and other facilities defined as Institutions for Mental Diseases; and

(iii) decreased rates of incarceration in penal facilities operated by a State or county.

(2) CRISIS RECEIVING AND STABILIZATION FACILITY DEFINED.—In this subsection, the term ''crisis receiving and stabilization facility'' has the meaning given such term in subsection (ll) of section 1905 of the Social Security Act (42 U.S.C. 1396d).