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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.

IN THE HOUSE OF REPRESENTATIVES

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

A BILL

To provide for improvements in the implementation of the
National Suicide Prevention Lifeline, 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 (a) SHORT TITLE.—This Act may be cited as the “9–
5 8–8 Implementation Act of 2026”.

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

Sec. 1. Short title.

TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION

- Sec. 101. Regional and local lifeline call center program.
Sec. 102. Mental Health Crisis Response Partnership Pilot Program.
Sec. 103. National suicide prevention media campaign.

TITLE II—HEALTH RESOURCES AND SERVICES ADMINISTRATION

- Sec. 201. Health center capital grants.
Sec. 202. Expanding behavioral health workforce training programs.

TITLE III—BEHAVIORAL HEALTH CRISIS SERVICES EXPANSION

- Sec. 301. Coverage of crisis response services.
Sec. 302. Incident reporting.

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.
Sec. 402. Revisions to the IMD exclusion under Medicaid.

1 TITLE I—SUBSTANCE ABUSE 2 AND MENTAL HEALTH SERV- 3 ICES ADMINISTRATION

4 SEC. 101. REGIONAL AND LOCAL LIFELINE CALL CENTER 5 PROGRAM.

6 Part B of title V of the Public Health Service Act
7 (42 U.S.C. 290bb et seq.) is amended by inserting after
8 section 520E–4 (42 U.S.C. 290bb–36d) the following:

9 “SEC. 520E–5. REGIONAL AND LOCAL LIFELINE CALL CEN- 10 TER PROGRAM.

11 “(a) IN GENERAL.—The Secretary shall award
12 grants to new or existing crisis call centers serving re-
13 gional or local areas to—

14 “(1) purchase or upgrade call center tech-
15 nology;

16 “(2) provide for training of call center staff;

17 “(3) improve call center operations; and

1 “(4) provide for hiring of call center staff.

2 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
3 is authorized to be appropriated to carry out this section
4 \$441,000,000 for fiscal year 2027, to remain available
5 until expended.”.

6 **SEC. 102. MENTAL HEALTH CRISIS RESPONSE PARTNER-**
7 **SHIP PILOT PROGRAM.**

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

12 “(1) \$10,000,000 for each of fiscal years 2025
13 and 2026; and

14 “(2) \$100,000,000 for each of fiscal years 2027
15 through 2029”.

16 **SEC. 103. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
17 **PAIGN.**

18 (a) NATIONAL SUICIDE PREVENTION LIFELINE PRO-
19 GRAM.—Section 520E–3 of the Public Health Service Act
20 (42 U.S.C. 290bb–36c) is amended—

21 (1) in subsection (b)—

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

24 “(4) conducting the national suicide prevention
25 media campaign described in section 520E–5;”;

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

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

5 “(6) improving awareness of the program, in-
6 cluding through targeted, age, and culturally appro-
7 priate outreach in schools and to the general public
8 more widely through advertisements in highly traf-
9 ficked areas or shared public spaces such as rail or
10 public transportation stations, on billboards, in sta-
11 diums, or other such highly visible areas; and”; and

12 (2) by amending subsection (f) to read as fol-
13 lows:

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated—

16 “(1) to carry out subsection (b)(4),
17 \$10,000,000 for each of fiscal years 2026 through
18 2030; and

19 “(2) to carry out this section, except for sub-
20 section (b)(4), \$101,621,000 for each of fiscal years
21 2023 through 2027.”.

22 (b) NATIONAL SUICIDE PREVENTION MEDIA CAM-
23 PAIGN.—The Public Health Service Act is amended by in-
24 serting after section 520E–4 (42 U.S.C. 290bb–36d) the
25 following:

1 **“SEC. 520E–5. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
2 **PAIGN.**

3 “(a) IN GENERAL.—

4 “(1) NATIONAL MEDIA CAMPAIGN.—Not later
5 than the date that is 3 years after the date of the
6 enactment of this section, the Secretary, in consulta-
7 tion with the Assistant Secretary and the Director
8 of the Centers for Disease Control and Prevention
9 (referred to in this section as the ‘Director’), shall
10 conduct a national suicide prevention media cam-
11 paign (referred to in this section as the ‘national
12 media campaign’), for purposes of—

13 “(A) preventing suicide in the United
14 States;

15 “(B) educating families, friends, and com-
16 munities on how to address suicide and suicidal
17 thoughts, including when to encourage individ-
18 uals with suicidal risk to seek help; and

19 “(C) increasing awareness of suicide pre-
20 vention resources of the Centers for Disease
21 Control and Prevention and the Administration
22 (including the suicide prevention hotline main-
23 tained under section 520E–3), any suicide pre-
24 vention mobile application of the Centers for
25 Disease Control and Prevention or the Adminis-

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

3 “(2) ADDITIONAL CONSULTATION.—In addition
4 to consulting with the Assistant Secretary and the
5 Director under this section, the Secretary shall con-
6 sult with, as appropriate, the administrator of the
7 suicide prevention hotline maintained under section
8 520E–3, State, local, Tribal, and territorial health
9 departments, primary health care providers, hos-
10 pitals with emergency departments, mental and be-
11 havioral health services providers, crisis response
12 services providers, first responders, suicide preven-
13 tion and mental health professionals, patient advoca-
14 cacy groups, survivors of suicide attempts, and rep-
15 resentatives of television and social media platforms
16 in planning the national media campaign to be con-
17 ducted under paragraph (1).

18 “(b) TARGET AUDIENCES.—

19 “(1) TAILORING ADVERTISEMENTS AND OTHER
20 COMMUNICATIONS.—In conducting the national
21 media campaign under subsection (a)(1), the Sec-
22 retary may tailor culturally competent advertise-
23 ments and other communications of the campaign
24 across all available media for a target audience

1 (such as a particular geographic location or demo-
2 graphic).

3 “(2) TARGETING CERTAIN LOCAL AREAS.—The
4 Secretary shall, to the maximum extent practicable,
5 use funds made available to carry out this section
6 for media that target certain local areas or popu-
7 lations at disproportionate risk for suicide.

8 “(c) USE OF FUNDS.—

9 “(1) REQUIRED USES.—

10 “(A) IN GENERAL.—The Secretary shall, if
11 reasonably feasible with the funds made avail-
12 able to carry out this section, carry out the fol-
13 lowing, with respect to the national media cam-
14 paign:

15 “(i) Testing and evaluation of adver-
16 tising.

17 “(ii) Evaluation of the effectiveness of
18 the national media campaign.

19 “(iii) Operational and management
20 expenses.

21 “(iv) The creation of an educational
22 toolkit for television and social media plat-
23 forms to use in discussing suicide and rais-
24 ing awareness about how to prevent sui-
25 cide.

1 “(B) SPECIFIC REQUIREMENTS.—

2 “(i) TESTING AND EVALUATION OF
3 ADVERTISING.—In testing and evaluating
4 advertising under subparagraph (A)(i), the
5 Secretary shall test all advertisements
6 after use in the national media campaign
7 to evaluate the extent to which such adver-
8 tisements have been effective in carrying
9 out the purposes of the national media
10 campaign.

11 “(ii) EVALUATION OF EFFECTIVENESS
12 OF NATIONAL MEDIA CAMPAIGN.—In eval-
13 uating the effectiveness of the national
14 media campaign under subparagraph
15 (A)(ii), the Secretary shall take into ac-
16 count—

17 “(I) the number of unique calls
18 that are made to the suicide preven-
19 tion hotline maintained under section
20 520E–3 and assess whether there are
21 any State and regional variations with
22 respect to the capacity to answer such
23 calls;

24 “(II) the number of unique en-
25 counters with suicide prevention and

1 support resources of the Centers for
2 Disease Control and Prevention and
3 the Administration and assess engage-
4 ment with such suicide prevention and
5 support resources;

6 “(III) whether the national
7 media campaign has contributed to in-
8 creased awareness that suicidal indi-
9 viduals should be engaged, rather
10 than ignored; and

11 “(IV) such other measures of
12 evaluation as the Secretary deter-
13 mines are appropriate.

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

18 “(A) Partnerships with professional and
19 civic groups, community-based organizations,
20 including faith-based organizations, and govern-
21 ment or Tribal organizations that the Secretary
22 determines have experience in suicide preven-
23 tion, including the Administration and the Cen-
24 ters for Disease Control and Prevention.

1 “(B) Entertainment industry outreach,
2 interactive outreach, media projects and activi-
3 ties, public information, news media outreach,
4 outreach through television programs, and cor-
5 porate sponsorship and participation.

6 “(3) PROHIBITION.—None of the funds made
7 available to carry out this section may be obligated
8 or expended for partisan political purposes, or to ex-
9 press advocacy in support of or to defeat any clearly
10 identified candidate, clearly identified ballot initia-
11 tive, or clearly identified legislative or regulatory
12 proposal.

13 “(d) REPORT TO CONGRESS.—Not later than 18
14 months after the date on which implementation of the na-
15 tional media campaign has begun, the Secretary, in coordi-
16 nation with the Assistant Secretary and the Director,
17 shall, with respect to the first year of the national media
18 campaign, submit to Congress a report that describes—

19 “(1) the strategy of the national media cam-
20 paign and whether specific objectives of such cam-
21 paign were accomplished, including whether such
22 campaign impacted the number of calls made to life-
23 line crisis centers and the capacity of such centers
24 to manage such calls;

1 “(2) steps taken to ensure that the national
2 media campaign operates in an effective and effi-
3 cient manner consistent with the overall strategy
4 and focus of the national media campaign;

5 “(3) plans to purchase advertising time and
6 space;

7 “(4) policies and practices implemented to en-
8 sure that Federal funds are used responsibly to pur-
9 chase advertising time and space and eliminate the
10 potential for waste, fraud, and abuse; and

11 “(5) all contracts entered into with a corpora-
12 tion, a partnership, or an individual working on be-
13 half of the national media campaign.”.

14 **TITLE II—HEALTH RESOURCES**
15 **AND SERVICES ADMINISTRA-**
16 **TION**

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

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

21 **“SEC. 330Q. HEALTH CENTER CAPITAL GRANTS.**

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

24 “(b) ELIGIBLE ENTITY.—In this section, the term el-
25 igible entity is an entity that is—

1 “(1) a health center funded under section 330,
2 or in the case of a Tribe or Tribal organization, eli-
3 gible, to be awarded without regard to the time limi-
4 tation in subsection (e)(3) and subsections
5 (e)(6)(A)(iii), (e)(6)(B)(iii), and (r)(2)(B) of such
6 section; or

7 “(2) a crisis receiving and stabilization facility
8 or crisis call center that has a working relationship
9 with one or more local community mental health and
10 substance use organizations, community mental
11 health centers, and certified community behavioral
12 health clinics, or other local mental health and sub-
13 stance use care providers, including inpatient and
14 residential treatment settings.

15 “(c) USE OF FUNDS.—Amounts made available to a
16 recipient of a grant or cooperative agreement pursuant to
17 subsection (a) shall be used for crisis response program
18 facility alteration, renovation, remodeling, expansion, new
19 construction, and other capital improvement costs, includ-
20 ing the costs of amortizing the principal of, and paying
21 interest on, loans for such purposes.

22 “(d) DEFINITIONS.—In this section:

23 “(1) CRISIS RECEIVING AND STABILIZATION FA-
24 CILITY.—The term ‘crisis receiving and stabilization

1 facility’ means a freestanding, non-hospital facility
2 that—

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

7 “(B) provides 23-hour observation and as-
8 sessment chairs or beds and 48-hour crisis sta-
9 bilization psychiatric beds inclusive of with-
10 drawal management and 24-hour medical moni-
11 toring;

12 “(C) provides crisis response services 24
13 hours per day, 7 days per week using a sliding
14 scale of payment, and neither rejects service nor
15 limits services on the basis of a patient’s ability
16 to pay, place of residence, prior forensic engage-
17 ment, acuity of mental health or substance use
18 condition, intellectual or developmental dis-
19 ability, age or related factors;

20 “(D) supports no-wrong-door admission ca-
21 pacity available to law enforcement officers,
22 emergency medical personnel, and family mem-
23 bers; and

24 “(E) maintains an average length-of-stay
25 of less than 150 hours.

1 “(2) CRISIS RESPONSE PROGRAM FACILITY.—

2 The term ‘crisis response program facility’ means a
3 facility used for the purposes of mental health or
4 substance use services that are furnished to an indi-
5 vidual, including children and adolescents, experi-
6 encing a mental health or substance use crisis by—

7 “(A) a mobile crisis response team;

8 “(B) a crisis receiving and stabilization fa-
9 cility;

10 “(C) a mental health or substance use ur-
11 gent care facility; or

12 “(D) other appropriate provider, as deter-
13 mined by the Secretary.

14 “(3) MENTAL HEALTH AND SUBSTANCE USE

15 URGENT CARE FACILITY.—The term ‘mental health
16 and substance use urgent care facility’ means an
17 ambulatory facility in which individuals experiencing
18 a mental or behavioral health crisis may receive cri-
19 sis assessment services, crisis intervention services,
20 medication, and connection to other appropriate
21 services, without making an appointment prior to ar-
22 riving at the facility.

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section
25 \$1,000,000,000, to remain available until expended.”.

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

3 (a) NATIONAL HEALTH SERVICE CORPS.—Section
4 332 of the Public Health Service Act (42 U.S.C. 254e)
5 is amended by adding at the end the following:

6 “(1) The Secretary shall collect and publish in the
7 Federal Register data comparing the availability and need
8 of crisis response services in health professional shortage
9 areas and in areas within such health professional short-
10 age areas, including—

11 “(1) the number of crisis call centers, mobile
12 crisis response units, and crisis receiving and sta-
13 bilization facilities in such areas; and

14 “(2) the number of behavioral and mental
15 health professionals providing crisis management
16 services or working in crisis response settings, in-
17 cluding the settings described in paragraph (1).”.

18 (b) MINORITY FELLOWSHIP PILOT PROGRAM FOR
19 CRISIS MANAGEMENT SERVICES.—Section 597 of the
20 Public Health Service Act (42 U.S.C. 2901l) is amended—

21 (1) by amending subsection (b) to read as fol-
22 lows:

23 “(b) TRAINING COVERED.—The fellowships awarded
24 under subsection (a) shall be for postbaccalaureate train-
25 ing (including for master’s and doctoral degrees) for men-

1 tal and substance use disorder treatment professionals, in-
2 cluding—

3 “(1) in the fields of psychiatry, addiction medi-
4 cine, nursing, social work, psychology, marriage and
5 family therapy, mental health counseling, and sub-
6 stance use disorder and addiction counseling; and

7 “(2) in crisis management services (such as at
8 a crisis call center, as part of a mobile crisis team,
9 or at a crisis receiving and stabilization facility).”;
10 and

11 (2) by amending subsection (c) to read as fol-
12 lows:

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated—

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

18 “(2) for awarding fellowships described in sub-
19 section (b)(2), \$10,000,000 for each of fiscal years
20 2027 through 2031.”.

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

24 (1) in subsection (a)—

25 (A) in paragraph (1)—

1 (i) by inserting “or remote programs
2 that offer practicum hours” after “other
3 field placement programs”;

4 (ii) by inserting “(which may include
5 training or a field practicum employing
6 call, text, or chat responders for mental
7 health crisis lines)” after “social work”;
8 and

9 (iii) by inserting “crisis management
10 (such as at a crisis call center, as part of
11 a mobile crisis team, or through crisis re-
12 ceiving and stabilization program),” after
13 “occupational therapy (which may include
14 master’s and doctoral level programs),”;

15 (B) in paragraph (2), by inserting “and
16 providing crisis management services (such as
17 at a crisis call center, as part of a mobile crisis
18 team, or through crisis receiving and stabiliza-
19 tion program)” after “treatment services,”;

20 (C) in paragraph (3), by inserting “and
21 providing crisis management services (such as
22 at a crisis call center, as part of a mobile crisis
23 team, or through crisis receiving and stabiliza-
24 tion program)” after “behavioral health serv-
25 ices”; and

1 (D) in paragraph (4), by inserting “, in-
2 cluding for the provision of crisis management
3 services (such as at a crisis call center, as part
4 of a mobile crisis team, or through crisis receiv-
5 ing and stabilization program),” after “para-
6 professional field”; and

7 (2) by amending subsection (f) to read as fol-
8 lows:

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) IN GENERAL.—For each of fiscal years
11 2026 through 2030, there are authorized to be ap-
12 propriated to carry out this section \$50,000,000, to
13 be allocated as follows:

14 “(A) For grants described in subsection
15 (a)(1), \$15,000,000.

16 “(B) For grants described in subsection
17 (a)(2), \$15,000,000.

18 “(C) For grants described in subsection
19 (a)(3), \$10,000,000.

20 “(D) For grants described in subsection
21 (a)(4), \$10,000,000.

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

1 to be appropriated to carry out this section with re-
2 spect to crisis workforce development \$10,000,000.”.

3 **TITLE III—BEHAVIORAL HEALTH**
4 **CRISIS SERVICES EXPANSION**

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

6 (a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

10 (A) in subparagraph (JJ), by striking
11 “and” at the end;

12 (B) in subparagraph (KK), by striking the
13 period at the end and inserting “; and”; and

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

16 “(LL) crisis response services as defined in
17 subsection (ooo);”.

18 (2) CRISIS RESPONSE SERVICES DEFINED.—

19 Section 1861 of the Social Security Act (42 U.S.C.
20 1395x) is amended by adding at the end the fol-
21 lowing new subsection:

22 “(ooo) CRISIS RESPONSE SERVICES.—

23 “(1) IN GENERAL.—The term ‘crisis response
24 services’ means mental health or substance use serv-
25 ices that are furnished by a mobile crisis response

1 team, a crisis receiving and stabilization facility,
2 mental health or substance use urgent care facility,
3 or other appropriate provider, as determined by the
4 Secretary, to an individual, including children and
5 adolescents, experiencing a mental health or sub-
6 stance use crisis.

7 “(2) CRISIS RECEIVING AND STABILIZATION FA-
8 CILITY.—For purposes of paragraph (1), the term
9 ‘crisis receiving and stabilization facility’ means a
10 facility that—

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

15 “(B) provides 23-hour observation and as-
16 sessment chairs or beds and 48-hour crisis sta-
17 bilization psychiatric beds inclusive of with-
18 drawal management and 24-hour medical moni-
19 toring;

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

1 health or substance use condition, intellectual
2 or developmental disability, age or related fac-
3 tors;

4 “(D) supports no-wrong-door admission ca-
5 pacity available to law enforcement officers,
6 emergency medical personnel, and family mem-
7 bers; and

8 “(E) maintains an average length of stay
9 of less than 150 hours.

10 “(3) MENTAL HEALTH AND SUBSTANCE USE
11 URGENT CARE FACILITY.—For purposes of para-
12 graph (1), the term ‘mental health and substance
13 use urgent care facility’ means an ambulatory facil-
14 ity where individuals experiencing a mental or be-
15 havioral health crisis may walk in without an ap-
16 pointment to receive crisis assessment services, crisis
17 intervention services, medication, and connection to
18 other appropriate services.”.

19 (3) PAYMENT.—

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

23 (i) by striking “and (HH)” and in-
24 serting “(HH)”; and

1 (ii) by inserting before the semicolon
2 at the end the following: “and (II) with re-
3 spect to crisis response services described
4 in section 1861(s)(2)(LL), the amounts
5 paid shall be 80 percent of the lesser of the
6 actual charge for the service or the amount
7 determined under the payment basis estab-
8 lished under section 1834(bb)”.

9 (B) ESTABLISHMENT OF PAYMENT
10 BASIS.—Section 1834 of the Social Security Act
11 (42 U.S.C. 1395m) is amended by adding at
12 the end the following new subsection:

13 “(bb) PAYMENT FOR CRISIS RESPONSE SERVICES.—
14 The Secretary shall establish a payment basis determined
15 appropriate by the Secretary with respect to crisis re-
16 sponse services (as defined in section 1861(ooo)) furnished
17 by a provider of services or supplier.”.

18 (4) AMBULANCE TRANSPORT OF INDIVIDUALS
19 IN CRISIS.—

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

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

1 nished on or after the date that is 3 years after the
2 date of the enactment of the Behavioral Health Cri-
3 sis Services Expansion Act, the regulations described
4 in section 1861(s)(7) shall provide coverage under
5 such section for ambulance and other qualified emer-
6 gency transport services to transport an individual
7 experiencing a mental health or substance crisis to
8 an appropriate facility, such as a community mental
9 health center (as defined in section 1861(ff)(3)(B))
10 or other facility or provider identified by the Sec-
11 retary, as appropriate, for crisis response services
12 described in section 1861(s)(2)(LL).”.

13 (B) CONFORMING AMENDMENT.—Section
14 1861(s)(7) of such Act (42 U.S.C. 1395x(s)(7))
15 is amended by striking “section 1834(l)(14)”
16 and inserting “paragraphs (14) and (18) of sec-
17 tion 1834(l)”.

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

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

1 (1) in section 1902(a)(10)(A), in the matter
2 preceding clause (i), by striking “and (30)” and in-
3 serting “(30), and (31)”; and

4 (2) in section 1905—

5 (A) in subsection (a)—

6 (i) in paragraph (31), by striking “;
7 and” and inserting a semicolon;

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

10 (iii) by inserting the following para-
11 graph after paragraph (31):

12 “(32) crisis response services (as defined in sec-
13 tion 1861(ooo)); and”.

14 (3) PRESUMPTIVE ELIGIBILITY DETERMINA-
15 TION BY CRISIS RESPONSE SERVICE PROVIDERS.—
16 Section 1902(a)(47)(B) of the Social Security Act
17 (42 U.S.C. 1396a(a)(47)(B)) is amended by insert-
18 ing “or provider of crisis response services (as de-
19 fined in section 1861(ooo))” after “any hospital”.

20 (4) EFFECTIVE DATE.—

21 (A) IN GENERAL.—Except as provided in
22 subparagraph (B), the amendments made by
23 this section shall take effect on the date that is
24 3 years after the date of the enactment of this
25 Act.

1 (B) DELAY PERMITTED IF STATE LEGISLA-
2 TION REQUIRED.—In the case of a State plan
3 under title XIX of the Social Security Act (42
4 U.S.C. 1396 et seq.) which the Secretary of
5 Health and Human Services determines re-
6 quires State legislation (other than legislation
7 appropriating funds) in order for the plan to
8 meet the additional requirements imposed by
9 the amendments made by this section, the State
10 plan shall not be regarded as failing to comply
11 with the requirements of such title solely on the
12 basis of the failure of the plan to meet such ad-
13 ditional requirements before the first day of the
14 first calendar quarter beginning after the close
15 of the first regular session of the State legisla-
16 ture that begins after the date of enactment of
17 this Act. For purposes of the previous sentence,
18 in the case of a State that has a 2-year legisla-
19 tive session, each year of such session shall be
20 deemed to be a separate regular session of the
21 State legislature.

22 (c) GROUP HEALTH PLANS AND HEALTH INSUR-
23 ANCE ISSUERS.—

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

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

3 **“SEC. 2799A–12. REQUIRED COVERAGE OF CRISIS RE-**
4 **SPONSE SERVICES.**

5 “(a) IN GENERAL.—A group health plan and a health
6 insurance issuer offering group or individual health insur-
7 ance coverage shall provide benefits under such plan or
8 coverage for crisis response services (as defined in section
9 1861(ooo) of the Social Security Act).

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

16 “(1) the financial requirements applicable to
17 such services are no more restrictive than the pre-
18 dominant financial requirements applied to substan-
19 tially all medical and surgical benefits covered by the
20 plan or coverage and there are no separate cost-
21 sharing requirements that are applicable only with
22 respect to such services; and

23 “(2) the treatment limitations applicable to
24 such items and services are no more restrictive than
25 the predominant treatment limitations applied to

1 substantially all medical and surgical benefits cov-
2 ered by the plan or coverage and there are no sepa-
3 rate treatment limitations that are applicable only
4 with respect to such services.

5 “(c) DEFINITIONS.—In this section, the terms ‘finan-
6 cial requirement’, ‘predominant’, and ‘treatment limita-
7 tion’ have the meaning given such terms in clauses (i)
8 through (iii), respectively, of section 2726(a)(3)(B), except
9 that the term ‘financial requirement’ shall include aggre-
10 gate lifetime limits and annual limits.”.

11 (2) ERISA.—

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

17 **“SEC. 727. REQUIRED COVERAGE OF CRISIS RESPONSE**
18 **SERVICES.**

19 “(a) IN GENERAL.—A group health plan and a health
20 insurance issuer offering group health insurance coverage
21 shall provide benefits under such plan or coverage for cri-
22 sis response services (as defined in section 1861(ooo) of
23 the Social Security Act).

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

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

5 “(1) the financial requirements applicable to
6 such services are no more restrictive than the pre-
7 dominant financial requirements applied to substan-
8 tially all medical and surgical benefits covered by the
9 plan or coverage and there are no separate cost-
10 sharing requirements that are applicable only with
11 respect to such services; and

12 “(2) the treatment limitations applicable to
13 such items and services are no more restrictive than
14 the predominant treatment limitations applied to
15 substantially all medical and surgical benefits cov-
16 ered by the plan or coverage and there are no sepa-
17 rate treatment limitations that are applicable only
18 with respect to such services.

19 “(c) DEFINITIONS.—In this section, the terms ‘finan-
20 cial requirement’, ‘predominant’, and ‘treatment limita-
21 tion’ have the meaning given such terms in clauses (i)
22 through (iii), respectively, of section 712(a)(3)(B), except
23 that the term ‘financial requirement’ shall include aggre-
24 gate lifetime limits and annual limits.”.

1 (B) CLERICAL AMENDMENT.—The table of
2 contents in section 1 of the Employee Retirement
3 Income Security Act of 1974 (29 U.S.C.
4 1001 note) is amended by inserting after the
5 item relating to section 726 the following new
6 item:

“Sec. 727. Required coverage of crisis response services.”.

7 (3) IRC.—

8 (A) IN GENERAL.—Subchapter B of chap-
9 ter 100 of the Internal Revenue Code of 1986
10 is amended by adding at the end the following
11 new section:

12 **“SEC. 9827. REQUIRED COVERAGE OF CRISIS RESPONSE**
13 **SERVICES.**

14 “(a) IN GENERAL.—A group health plan shall pro-
15 vide benefits under such plan for crisis response services
16 (as defined in section 1861(ooo) of the Social Security
17 Act).

18 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
19 AND TREATMENT LIMITATIONS.—A group health plan
20 shall ensure that, with respect to services for which bene-
21 fits are required to be provided under such plan under
22 subsection (a)—

23 “(1) the financial requirements applicable to
24 such services are no more restrictive than the pre-
25 dominant financial requirements applied to substan-

1 tially all medical and surgical benefits covered by the
2 plan and there are no separate cost-sharing require-
3 ments that are applicable only with respect to such
4 services; and

5 “(2) the treatment limitations applicable to
6 such items and services are no more restrictive than
7 the predominant treatment limitations applied to
8 substantially all medical and surgical benefits cov-
9 ered by the plan and there are no separate treat-
10 ment limitations that are applicable only with re-
11 spect to such services.

12 “(c) DEFINITIONS.—In this section, the terms ‘finan-
13 cial requirement’, ‘predominant’, and ‘treatment limita-
14 tion’ have the meaning given such terms in clauses (i)
15 through (iii), respectively, of section 9812(a)(3)(B), except
16 that the term ‘financial requirement’ shall include aggre-
17 gate lifetime limits and annual limits.”.

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

“Sec. 9827. Required coverage of crisis response services.”.

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

1 (d) TRICARE COVERAGE.—

2 (1) IN GENERAL.—The Secretary of Defense
3 shall provide coverage under the TRICARE program
4 for crisis response services, as defined in section
5 1861(ooo) of the Social Security Act (42 U.S.C.
6 1395x).

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

11 (e) REIMBURSEMENT FOR CRISIS RESPONSE SERV-
12 ICES FOR VETERANS.—Section 1725(h) of title 38, United
13 States Code, is amended—

14 (1) in paragraph (1), in the matter preceding
15 subparagraph (A), by inserting “, including crisis re-
16 sponse services,” after “services”; and

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

19 “(4) The term ‘crisis response services’ has the
20 meaning given such term in subsection (ooo) of sec-
21 tion 1861 of the Social Security Act (42 U.S.C.
22 1395x).”.

23 (f) COVERAGE UNDER FEHB.—

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

4 “(q) Each contract for a plan under this chapter shall
5 require the carrier to provide coverage for crisis response
6 services, as that term is defined in subsection (ooo) of sec-
7 tion 1861 of the Social Security Act (42 U.S.C. 1395x).”.

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

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

17 (1) in subparagraph (A), by striking “and” at
18 the end;

19 (2) in subparagraph (B), by striking the period
20 and inserting “; and”; and

21 (3) by adding at the end the following new sub-
22 paragraph:

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

1 graph, crisis response services (as defined in
2 section 1861(ooo)).”.

3 **SEC. 302. INCIDENT REPORTING.**

4 (a) ESTABLISHMENT OF PANEL.—The Secretary of
5 Health and Human Services (referred to in this section
6 as the “Secretary”), in consultation with the Attorney
7 General, shall convene a panel (referred to in this section
8 as the “panel”) to issue recommendations relating to the
9 training requirements and protocols for 9–1–1 dis-
10 patchers.

11 (b) PURPOSE OF RECOMMENDATIONS.—The purpose
12 of the recommendations to be issued under subsection (a)
13 shall be to ensure that 9–1–1 dispatchers respond appro-
14 priately to individuals experiencing a behavioral health cri-
15 sis based on the characteristics of the incident and the
16 needs of the caller.

17 (c) MEMBERSHIP.—

18 (1) APPOINTMENT.—The panel shall be com-
19 posed of members to be appointed by the Secretary
20 and shall include—

21 (A) psychiatrists;

22 (B) paramedics and other emergency med-
23 ical services personnel;

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

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

4 (E) members of underserved communities;

5 (F) representatives of Tribes or Tribal or-
6 ganizations;

7 (G) individuals with experience treating in-
8 dividuals with serious mental illness or post-
9 traumatic stress disorder, including veterans
10 and servicemembers; and

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

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

16 (d) RECOMMENDATIONS.—

17 (1) CONSIDERATIONS.—In making rec-
18 ommendations under subsection (a), the panel shall
19 consider—

20 (A) connecting 9–1–1 callers to crisis care
21 services instead of responding with law enforce-
22 ment officers;

23 (B) integrating the 9–8–8 system into the
24 9–1–1 system, or transferring calls from the 9–
25 1–1 system to the 9–8–8 system as appropriate;

1 (C) a process for—

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

6 (ii) evaluating the level of need of
7 such callers, as defined by relevant, stand-
8 ardized assessment tools such as the Level
9 of Care Utilization System (LOCUS), the
10 Child and Adolescent Level of Care Utili-
11 zation System (CALOCUS), and the
12 American Society of Addiction Medicine
13 (ASAM) Criteria; and

14 (D) establishing training, staffing, and
15 protocol requirements, including the measures
16 described in paragraph (2), to ensure that 9–1–
17 1 and 9–8–8 dispatch personnel are equipped to
18 respond appropriately to the individuals re-
19 ferred to in subparagraphs (E) through (H) of
20 subsection (c)(1).

21 (2) MEASURES TO MEET THE NEEDS OF CER-
22 TAIN 9–1–1 CALLERS.—The measures referred to in
23 paragraph (1)(D) include—

24 (A) training of dispatch personnel on cul-
25 tural competency, implicit bias, and evidence-

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

3 (B) procedures designed to recruit, retain,
4 or designate as dispatch personnel those indi-
5 viduals that have specialized training or dem-
6 onstrated experience in—

7 (i) serving rural or medically under-
8 served communities; or

9 (ii) serving individuals with serious
10 mental illness or post-traumatic stress dis-
11 order.

12 (3) COORDINATION WITH SAMHSA.—In devel-
13 oping recommendations under paragraph (1), the
14 panel shall coordinate with the Assistant Secretary
15 for Mental Health and Substance Use for the pur-
16 pose of ensuring consistency across Federal behav-
17 ioral health crisis response systems, including align-
18 ment of—

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

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

1 (4) UPDATES.—The panel shall update rec-
2 ommendations issued under subsection (a) not less
3 frequently than once every 5 years.

4 (e) DATA COLLECTION AND REPORTING STAND-
5 ARDS.—

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

11 (A) the extent to which callers are success-
12 fully connected to crisis care services;

13 (B) the frequency of law enforcement in-
14 volvement in such responses; and

15 (C) any disparities in response times, re-
16 ferrals, or outcomes compared to the general
17 population or between different types of popu-
18 lations.

19 (2) PRIVACY.—In developing the standards
20 under paragraph (1), the panel shall ensure that
21 data is collected in a manner that protects caller pri-
22 vacy and confidentiality.

23 (3) COORDINATION.—In developing the stand-
24 ards under paragraph (1), the panel shall coordinate

1 with entities participating in the National 911 Pro-
2 gram, including—

3 (A) the National Highway Traffic Safety
4 Administration;

5 (B) the Federal Communications Commis-
6 sion;

7 (C) the Cybersecurity and Infrastructure
8 Security Agency;

9 (D) the National Telecommunications and
10 Information Administration; and

11 (E) State and local agencies operating 9–
12 1–1 call centers.

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

18 (g) NONAPPLICABILITY OF TERMINATION PROVI-
19 SION.—Section 1013(a)(2) of title 5, United States Code
20 (relating to the termination of advisory committees), shall
21 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)

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

3 (B) by striking “occurring during the pe-
4 riod described in subsection (a) that a State”
5 and inserting “in which a State provides med-
6 ical assistance for qualifying community-based
7 mobile crisis intervention services under this
8 section and”;

9 (3) in subsection (d)(2)—

10 (A) in subparagraph (A), by striking “for
11 the fiscal year preceding the first fiscal quarter
12 occurring during the period described in sub-
13 section (a)” and inserting “for the fiscal year
14 preceding the first fiscal quarter in which the
15 State provides medical assistance for qualifying
16 community-based mobile crisis intervention
17 services under this section”; and

18 (B) in subparagraph (B), by striking “oc-
19 curring during the period described in sub-
20 section (a)” and inserting “occurring during a
21 fiscal quarter”;

22 (4) in subsection (e), by adding at the end at
23 the following new sentence: “There is appropriated,
24 out of any funds in the Treasury not otherwise ap-
25 propriated, \$5,000,000 to the Secretary for the pur-

1 poses described in the preceding sentence to remain
2 available until expended.”; and

3 (5) by adding at the end the following new sub-
4 section:

5 “(f) DEFINITION.—In this section, the term ‘crisis
6 receiving and stabilization facility’ means a facility that—
7 “(1) qualifies for licensure or certification as a
8 crisis receiving and stabilization facility, pursuant to
9 State law of the State in which such facility fur-
10 nishes the crisis response services;

11 “(2) provides 23-hour observation and assess-
12 ment chairs or beds and 48-hour crisis stabilization
13 psychiatric beds inclusive of withdrawal management
14 and 24-hour medical monitoring;

15 “(3) provides such services 24-hours per days,
16 7 days per week using a sliding scale of payment,
17 and neither rejects service nor limits services on the
18 basis of a patient’s ability to pay, place of residence,
19 prior forensic engagement, acuity of mental health
20 or substance use condition, intellectual or develop-
21 mental disability, age or related factors;

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

1 “(B) a community mental health center
2 that meets the criteria specified in section
3 1913(c) of the Public Health Service Act;

4 “(C) a crisis receiving and stabilization fa-
5 cility (as defined in subsection (ll)(1)); or

6 “(D) a mental health and substance use
7 urgent care facility (as defined in subsection
8 (ll)(2)).”; and

9 (2) by adding at the end the following new sub-
10 section:

11 “(ll) CRISIS RECEIVING AND STABILIZATION FACIL-
12 ITY; MENTAL HEALTH AND SUBSTANCE USE URGENT
13 CARE FACILITY.—

14 “(1) CRISIS RECEIVING AND STABILIZATION FA-
15 CILITY.—For purposes of subsection (i)(2), the term
16 ‘crisis receiving and stabilization facility’ means a
17 facility that—

18 “(A) is licensed or certified to furnish cri-
19 sis response services under applicable State law;

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

22 “(C) provides patients with, at a minimum,
23 23 hours of observation and assessment serv-
24 ices, followed by 48 hours of crisis stabilization

1 services (including withdrawal management and
2 24-hour medical monitoring);

3 “(D) does not deny or limit services on the
4 basis of a patient’s ability to pay, place of resi-
5 dence, prior engagement with the criminal jus-
6 tice system, acuity of mental health or sub-
7 stance use condition, intellectual or develop-
8 mental disability, age, or related factors;

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

13 “(F) accepts patient referrals from law en-
14 forcement officers, emergency medical per-
15 sonnel, and family members; and

16 “(G) maintains an average length of stay
17 of less than 150 hours.

18 “(2) MENTAL HEALTH AND SUBSTANCE USE
19 URGENT CARE FACILITY.—For purposes of sub-
20 section (i)(2), the term ‘mental health and substance
21 use urgent care facility’ means a facility where indi-
22 viduals experiencing a mental or behavioral health
23 crisis may walk in without an appointment to receive
24 crisis assessment services, crisis intervention serv-

1 ices, medication, and connection to other appropriate
2 services.”.

3 (b) GUIDANCE.—Not later than 180 days after the
4 date of enactment of this section, the Secretary of Health
5 and Human Services shall issue guidance to States relat-
6 ing to the implementation of the amendments made by
7 subsection (a).

8 (c) REPORT.—

9 (1) IN GENERAL.—Not later than 1 year after
10 the date of the enactment of this section, the Sec-
11 retary, in collaboration with the Attorney General
12 and any other relevant Federal officials (as deter-
13 mined by the Secretary), shall submit to Congress a
14 report that includes the following:

15 (A) Information with respect to the utiliza-
16 tion of crisis receiving and stabilization facilities
17 during the period following such date of enact-
18 ment, including—

19 (i) the number of patients served;

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

22 (iii) the number of referrals to com-
23 munity-based outpatient care;

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

4 (v) any other data relevant to assess-
5 ing the ability for these facilities to divert
6 mental health and substance use disorder
7 emergencies from law enforcement re-
8 sponse.

9 (B) An analysis of the extent to which ac-
10 cess to crisis receiving and stabilization facili-
11 ties is associated with—

12 (i) reduced admissions to hospital
13 emergency rooms;

14 (ii) adverted admissions and readmis-
15 sions to psychiatric hospitals and other fa-
16 cilities defined as Institutions for Mental
17 Diseases; and

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

21 (2) CRISIS RECEIVING AND STABILIZATION FA-
22 CILITY DEFINED.—In this subsection, the term “cri-
23 sis receiving and stabilization facility” has the mean-
24 ing given such term in subsection (l) of section
25 1905 of the Social Security Act (42 U.S.C. 1396d).