

117TH CONGRESS
2D SESSION

H. R. 7116

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2022

Mr. CÁRDENAS (for himself, Mr. FITZPATRICK, Ms. MATSUI, Ms. BLUNT ROCHESTER, Mr. MOULTON, Mrs. NAPOLITANO, Mr. BEYER, and Mr. RASKIN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Armed Services, Veterans' Affairs, and Oversight and Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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 2022”.

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. Behavioral Health Crisis Coordinating Office.
 Sec. 102. National suicide prevention lifeline program.
 Sec. 103. Regional and local lifeline call center program.
 Sec. 104. Evidence-based and best practice crisis care programs.
 Sec. 105. Mental Health Crisis Response Partnership Pilot Program.
 Sec. 106. 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. Crisis response continuum of care.
 Sec. 302. Coverage of crisis response services.
 Sec. 303. Building the crisis continuum infrastructure.
 Sec. 304. 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.
 Sec. 403. Excellence in Mental Health and Addiction Treatment.

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

4 **SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**
 5 **FICE.**

6 Part A of title V of the Public Health Service Act
 7 (42 U.S.C. 290aa et seq.) is amended by adding at the
 8 end the following:

9 **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**
 10 **OFFICE.**

11 “(a) IN GENERAL.—The Secretary, acting through
 12 the Assistant Secretary for Mental Health and Substance

1 Use, shall establish an office to coordinate work relating
2 to behavioral health crisis care across the operating divi-
3 sions of the Department of Health and Human Services,
4 including the Centers for Medicare & Medicaid Services
5 and the Health Resources and Services Administration
6 and external stakeholders.

7 “(b) DUTY.—The office established under subsection
8 (a) shall—

9 “(1) convene Federal, State, Tribal, local, and
10 private partners;

11 “(2) launch and manage Federal workgroups
12 charged with making recommendations regarding be-
13 havioral health crisis financing, workforce, equity,
14 data, and technology, program oversight, public
15 awareness, and engagement; and

16 “(3) support technical assistance, data analysis,
17 and evaluation functions in order to develop a crisis
18 care system to establish nationwide standards with
19 the objective of expanding the capacity of, and ac-
20 cess to, local crisis call centers, mobile crisis care,
21 crisis stabilization, psychiatric emergency services,
22 and rapid post-crisis follow-up care provided by—

23 “(A) the National Suicide Prevention and
24 Mental Health Crisis Hotline and Response
25 System;

1 “(B) community mental health centers (as
2 defined in section 1861(ff)(3)(B) of the Social
3 Security Act);

4 “(C) certified community behavioral health
5 clinics, as described in section 223 of the Pro-
6 tecting Access to Medicare Act of 2014; and

7 “(D) other community mental health and
8 substance use disorder providers.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section
11 \$10,000,000 for each of fiscal years 2023 through 2027.”.

12 **SEC. 102. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
13 **GRAM.**

14 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
15 520E–3(c) of the Public Health Service Act (290bb–
16 36c(c)) is amended by inserting before the period at the
17 end the following: “, and \$240,000,000 for each of fiscal
18 years 2023 through 2027”.

19 (b) SPECIALIZED HOTLINE FOR UNDERSERVED POP-
20 ULATIONS.—Section 520E–3 of the Public Health Service
21 Act (290bb–36c) is amended—

22 (1) in subsection (b)—

23 (A) in paragraph (2)—

24 (i) by inserting after “suicide preven-
25 tion hotline” the following: “, under the

1 universal telephone number designated
2 under section 251(e)(4) of the Communica-
3 tions Act of 1934,”; and

4 (ii) by striking “; and” at the end and
5 inserting a semicolon;

6 (B) in paragraph (3), by striking the pe-
7 riod at the end and inserting “; and”; and

8 (C) by adding at the end the following:

9 “(4) providing for access by LGBTQ individ-
10 uals, people of color, and other underserved popu-
11 lations to specialized services through a range of dig-
12 ital and technology approaches, as determined by the
13 Office of the Assistant Secretary.”;

14 (2) by redesignating subsection (c) as sub-
15 section (d); and

16 (3) by inserting after subsection (b) the fol-
17 lowing:

18 “(c) CONSULTATION.—Wherever possible, the Office
19 of the Assistant Secretary shall, in determining which ap-
20 proaches to use to provide specialized services under sub-
21 section (b)(4) to the populations described in such sub-
22 section, consult with organizations that have experience—

23 “(1) working with such populations; and

1 “(2) technological expertise in effective crisis
2 response using such digital and technology ap-
3 proaches.”.

4 **SEC. 103. 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 crisis call centers described in section 302(c)(1)
13 of the 9–8–8 National Suicide Prevention Lifeline Imple-
14 mentation Act of 2022 to—

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

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

18 “(3) improve call center operations; and

19 “(4) hiring of call center staff.

20 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 \$441,000,000 for fiscal year 2023, to remain available
23 until expended.”.

1 **SEC. 104. EVIDENCE-BASED AND BEST PRACTICE CRISIS**
2 **CARE PROGRAMS.**

3 (a) IN GENERAL.—Section 1912(b)(1) of the Public
4 Health Service Act (42 U.S.C. 300x–1(b)(1)) is amend-
5 ed—

6 (1) in subparagraph (A)—

7 (A) by redesignating clauses (vi) and (vii)
8 as clauses (vii) and (viii), respectively; and

9 (B) by inserting after clause (v), the fol-
10 lowing:

11 “(vi) include a description of how the
12 State supports evidenced-based and best
13 practice programs that address the crisis
14 care needs of individuals with serious men-
15 tal illness, and children with serious emo-
16 tional disturbances, that include at least
17 one of the core components specified in
18 subparagraph (F);”; and

19 (2) by adding at the end the following:

20 “(F) CORE COMPONENTS FOR CRISIS CARE
21 SERVICES.—The core components of a program
22 referred to in subparagraph (A)(vi) include the
23 following:

24 “(i) Crisis call centers.

25 “(ii) 24/7 mobile crisis services.

1 “(iii) Crisis stabilization programs of-
2 fering acute care or subacute care in a
3 hospital or appropriately licensed facility,
4 with referrals to inpatient or outpatient
5 care, as determined by the Assistant Sec-
6 retary for Mental Health and Substance
7 Use.”.

8 (b) SET-ASIDE FOR EVIDENCE-BASED AND BEST
9 PRACTICE CRISIS CARE SERVICES.—Section 1920 of the
10 Public Health Service Act (42 U.S.C. 300x-9) is amend-
11 ed—

12 (1) in subsection (a), by striking “be appro-
13 priated” and all that follows through “2022.” and
14 inserting the following: “be appropriated—

15 “(1) \$532,571,000 for each of fiscal years 2018
16 through 2022; and

17 “(2) \$2,235,000,000 for each of fiscal years
18 2023 through 2027.”; and

19 (2) by adding at the end the following:

20 “(d) CRISIS CARE.—

21 “(1) IN GENERAL.—Except as provided in para-
22 graph (3), a State shall expend at least 10 percent
23 of the allotment of the State pursuant to a funding
24 agreement under section 1911 for each of fiscal

1 years 2023 through 2027 to support programs de-
2 scribed in section 1912(b)(1)(A)(vi).

3 “(2) STATE FLEXIBILITY.—In lieu of expending
4 10 percent of the State’s allotment for a fiscal year
5 as required by paragraph (1), a State may elect to
6 expend not less than 20 percent of such amount by
7 the end of two consecutive fiscal years.

8 “(3) FUNDING CONTINGENCY.—Paragraph (1)
9 shall not apply with respect to a fiscal year unless
10 the amount made available to carry out this section
11 for that fiscal year exceeds the amount appropriated
12 to carry out this section for fiscal year 2021 by at
13 least \$37,257,100.

14 “(4) WAIVER.—A State may, pursuant to a
15 waiver granted by the Secretary of any requirements
16 under this subpart (including requirements imposed
17 by a funding agreement under section 1911), use
18 funds set aside under this subsection to provide serv-
19 ices described in section 1912(b)(1)(A)(vi) to indi-
20 viduals in such State who do not meet the criteria
21 to be considered with serious mental illness or chil-
22 dren with serious emotional disturbances.”.

1 **SEC. 105. MENTAL HEALTH CRISIS RESPONSE PARTNER-**
2 **SHIP PILOT PROGRAM.**

3 Title V of the Public Health Service Act is amended
4 (42 U.S.C. 290aa) by inserting after section 520F (42
5 U.S.C. 290bb–37) the following:

6 **“SEC. 520F-1. MENTAL HEALTH CRISIS RESPONSE PART-**
7 **NERSHIP PILOT PROGRAM.**

8 “(a) IN GENERAL.—The Secretary shall establish a
9 pilot program under which the Secretary will award com-
10 petitive grants to eligible entities to establish new, or en-
11 hance existing, mobile crisis response teams that divert the
12 response for mental health and substance use crises from
13 law enforcement to mobile crisis teams, as described in
14 subsection (b).

15 “(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile
16 crisis team described in this subsection is a team of indi-
17 viduals—

18 “(1) that is available to respond to individuals
19 in crisis and provide immediate stabilization, refer-
20 rals to community-based mental health and sub-
21 stance use disorder services and supports, and triage
22 to a higher level of care if medically necessary;

23 “(2) which may include licensed counselors,
24 clinical social workers, physicians, paramedics, crisis
25 workers, peer support specialists, or other qualified
26 individuals; and

1 “(3) which may provide support to divert be-
2 havioral health crisis calls from the 9–1–1 system to
3 the 9–8–8 system.

4 “(c) PRIORITY.—In awarding grants under this sec-
5 tion, the Secretary shall prioritize applications which ac-
6 count for the specific needs of the communities to be
7 served, including children and families, veterans, rural and
8 underserved populations, and other groups at increased
9 risk of death from suicide or overdose.

10 “(d) REPORT.—

11 “(1) INITIAL REPORT.—Not later than one year
12 after the date of the enactment of this section, the
13 Secretary shall submit to Congress a report on steps
14 taken by eligible entities as of such date of enact-
15 ment to strengthen the partnerships among mental
16 health providers, substance use disorder treatment
17 providers, primary care physicians, mental health
18 and substance use crisis teams, and paramedics, law
19 enforcement officers, and other first responders.

20 “(2) PROGRESS REPORTS.—Not later than one
21 year after the date on which the first grant is
22 awarded to carry out this section, and for each year
23 thereafter, the Secretary shall submit to Congress a
24 report on the grants made during the year covered
25 by the report, which shall include—

1 “(A) data on the teams and people served
2 by such programs, including demographic infor-
3 mation of individuals served, volume and types
4 of service utilization, linkage to community-
5 based resources and diversion from law enforce-
6 ment settings, data consistent with the State
7 block grant requirements for continuous evalua-
8 tion and quality improvement, and other rel-
9 evant data as determined by the Secretary; and

10 “(B) the Secretary’s recommendations and
11 best practices for—

12 “(i) States and localities providing
13 mobile crisis response and stabilization
14 services for youth and adults; and

15 “(ii) improvements to the program es-
16 tablished under this section.

17 “(e) ELIGIBLE ENTITY.—In this section, the term
18 ‘eligible entity’ means each of the following:

19 “(1) Community mental health centers (as de-
20 fined in section 1861(ff)(3)(B) of the Social Security
21 Act).

22 “(2) Certified community behavioral health clin-
23 ics described in section 223 of the Protecting Access
24 to Medicare Act of 2014.

1 “(3) An entity that operates citywide, Tribal-
2 wide, or county-wide crisis response systems, includ-
3 ing cities, counties, Tribes, or a department or agen-
4 cy of a city, county, or Tribe, including departments
5 or agencies of social services, disability services,
6 health services, public health, or mental health and
7 substance disorder services.

8 “(4) A program of the Indian Health Service,
9 whether operated by such Service, an Indian Tribe
10 (as that term is defined in section 4 of the Indian
11 Health Care Improvement Act), or by a Tribal orga-
12 nization (as that term is defined in section 4 of the
13 Indian Self-Determination and Education Assistance
14 Act) or a facility of the Native Hawaiian health care
15 systems authorized under the Native Hawaiian
16 Health Care Improvement Act.

17 “(5) A public, nonprofit, or other organization
18 that—

19 “(A) can demonstrate the ability of such
20 organization to effectively provide community-
21 based alternatives to law enforcement; and

22 “(B) has a demonstrated involvement with
23 the identified communities to be served.

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section

1 \$100,000,000 for each of fiscal years 2023 through
2 2027.”.

3 **SEC. 106. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
4 **PAIGN.**

5 Subpart 3 of part B of title V of the Public Health
6 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
7 adding at the end the following:

8 **“SEC. 520N. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
9 **PAIGN.**

10 “(a) NATIONAL SUICIDE PREVENTION MEDIA CAM-
11 PAIGN.—

12 “(1) IN GENERAL.—Not later than the date
13 that is 3 years after the date of the enactment of
14 this Act, the Secretary, in consultation with the As-
15 sistant Secretary for Mental Health and Substance
16 Use and the Director of the Centers for Disease
17 Control and Prevention (referred to in this section
18 as the ‘Director’), shall conduct a national suicide
19 prevention media campaign (referred to in this sec-
20 tion as the ‘national media campaign’), for purposes
21 of—

22 “(A) preventing suicide in the United
23 States;

24 “(B) educating families, friends, and com-
25 munities on how to address suicide and suicidal

1 thoughts, including when to encourage individ-
2 uals with suicidal risk to seek help; and

3 “(C) increasing awareness of suicide pre-
4 vention resources of the Centers for Disease
5 Control and Prevention and the Substance
6 Abuse and Mental Health Services Administra-
7 tion (including the suicide prevention hotline
8 maintained under section 520E–3, any suicide
9 prevention mobile application of the Centers for
10 Disease Control and Prevention or the Sub-
11 stance Abuse Mental Health Services Adminis-
12 tration, and other support resources determined
13 appropriate by the Secretary).

14 “(2) ADDITIONAL CONSULTATION.—In addition
15 to consulting with the Assistant Secretary and the
16 Director under this section, the Secretary shall con-
17 sult with, as appropriate, State, local, Tribal, and
18 territorial health departments, primary health care
19 providers, hospitals with emergency departments,
20 mental and behavioral health services providers, cri-
21 sis response services providers, paramedics, law en-
22 forcement, suicide prevention and mental health pro-
23 fessionals, patient advocacy groups, survivors of sui-
24 cide attempts, and representatives of television and
25 social media platforms in planning the national

1 media campaign to be conducted under paragraph
2 (1).

3 “(b) TARGET AUDIENCES.—

4 “(1) TAILORING ADVERTISEMENTS AND OTHER
5 COMMUNICATIONS.—In conducting the national
6 media campaign under subsection (a)(1), the Sec-
7 retary may tailor culturally competent advertise-
8 ments and other communications of the campaign
9 across all available media for a target audience
10 (such as a particular geographic location or demo-
11 graphic) across the lifespan.

12 “(2) TARGETING CERTAIN LOCAL AREAS.—The
13 Secretary shall, to the maximum extent practicable,
14 use amounts made available under subsection (f) for
15 media that targets certain local areas or populations
16 at disproportionate risk for suicide.

17 “(c) USE OF FUNDS.—

18 “(1) REQUIRED USES.—

19 “(A) IN GENERAL.—The Secretary shall, if
20 reasonably feasible with the funds made avail-
21 able under subsection (f), carry out the fol-
22 lowing, with respect to the national media cam-
23 paign:

24 “(i) Testing and evaluation of adver-
25 tising.

1 “(ii) Evaluation of the effectiveness of
2 the national media campaign.

3 “(iii) Operational and management
4 expenses.

5 “(iv) The creation of an educational
6 toolkit for television and social media plat-
7 forms to use in discussing suicide and rais-
8 ing awareness about how to prevent sui-
9 cide.

10 “(B) SPECIFIC REQUIREMENTS.—

11 “(i) TESTING AND EVALUATION OF
12 ADVERTISING.—In testing and evaluating
13 advertising under subparagraph (A)(i), the
14 Secretary shall test all advertisements
15 after use in the national media campaign
16 to evaluate the extent to which such adver-
17 tisements have been effective in carrying
18 out the purposes of the national media
19 campaign.

20 “(ii) EVALUATION OF EFFECTIVENESS
21 OF NATIONAL MEDIA CAMPAIGN.—In eval-
22 uating the effectiveness of the national
23 media campaign under subparagraph
24 (A)(ii), the Secretary shall—

1 “(I) take into account the num-
2 ber of unique calls that are made to
3 the suicide prevention hotline main-
4 tained under section 520E–3 and as-
5 sess whether there are any State and
6 regional variations with respect to the
7 capacity to answer such calls;

8 “(II) take into account the num-
9 ber of unique encounters with suicide
10 prevention and support resources of
11 the Centers for Disease Control and
12 Prevention and the Substance Abuse
13 and Mental Health Services Adminis-
14 tration and assess engagement with
15 such suicide prevention and support
16 resources;

17 “(III) assess whether the na-
18 tional media campaign has contrib-
19 uted to increased awareness that sui-
20 cidal individuals should be engaged,
21 rather than ignored; and

22 “(IV) take into account such
23 other measures of evaluation as the
24 Secretary determines are appropriate.

1 “(2) OPTIONAL USES.—The Secretary may use
2 amounts made available under subsection (f) for the
3 following, with respect to the national media cam-
4 paign:

5 “(A) Partnerships with professional and
6 civic groups, community-based organizations,
7 including faith-based organizations, and Fed-
8 eral agencies or Tribal organizations that the
9 Secretary determines have experience in suicide
10 prevention, including the Substance Abuse and
11 Mental Health Services Administration and the
12 Centers for Disease Control and Prevention.

13 “(B) Entertainment industry outreach,
14 interactive outreach, media projects and activi-
15 ties, the dissemination of public information,
16 news media outreach, outreach through tele-
17 vision programs, and corporate sponsorship and
18 participation.

19 “(d) PROHIBITIONS.—None of the amounts made
20 available under subsection (f) may be obligated or ex-
21 pended for any of the following:

22 “(1) To supplant Federal suicide prevention
23 campaigns in effect as of the date of the enactment
24 of this section.

1 “(2) For partisan political purposes, or to ex-
2 press advocacy in support of or to defeat any clearly
3 identified candidate, clearly identified ballot initia-
4 tive, or clearly identified legislative or regulatory
5 proposal.

6 “(e) REPORT TO CONGRESS.—Not later than 18
7 months after implementation of the national media cam-
8 paign has begun, the Secretary, in coordination with the
9 Assistant Secretary and the Director, shall, with respect
10 to the first year of the national media campaign, submit
11 to Congress a report that describes—

12 “(1) the strategy of the national media cam-
13 paign and whether specific objectives of such cam-
14 paign were accomplished, including whether such
15 campaign impacted the number of calls made to life-
16 line crisis centers and the capacity of such centers
17 to manage such calls;

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

22 “(3) plans to purchase advertising time and
23 space;

24 “(4) policies and practices implemented to en-
25 sure that Federal funds are used responsibly to pur-

1 chase advertising time and space and eliminate the
2 potential for waste, fraud, and abuse; and

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

6 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
7 purposes of carrying out this section, there is authorized
8 to be appropriated \$10,000,000 for each of fiscal years
9 2022 through 2026.”.

10 **TITLE II—HEALTH RESOURCES**
11 **AND SERVICES ADMINISTRA-**
12 **TION**

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

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

17 **“SEC. 3300. HEALTH CENTER CAPITAL GRANTS.**

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

20 “(b) ELIGIBLE ENTITY.—In this section, the term
21 ‘eligible entity’ is an entity that is—

22 “(1) a health center funded under section 330,
23 or in the case of a Tribe or Tribal organization, eli-
24 gible, to be awarded without regard to the time limi-
25 tation in subsection (e)(3) and subsections

1 (e)(6)(A)(iii), (e)(6)(B)(iii), and (r)(2)(B) of such
2 section; or

3 “(2) a mental health and substance use crisis
4 receiving and stabilization program and crisis call
5 center described in section 302(c)(1) of the 9–8–8
6 Implementation Act of 2022 that have a working re-
7 lationship with one or more local community mental
8 health and substance use organizations, community
9 mental health centers, and certified community be-
10 havioral health clinics, or other local mental health
11 and substance use care providers, including inpatient
12 and residential treatment settings.

13 “(c) USE OF FUNDS.—Amounts made available to a
14 recipient of a grant or cooperative agreement pursuant to
15 subsection (a) shall be used for crisis response program
16 facility alteration, renovation, remodeling, expansion, con-
17 struction, and other capital improvement costs, including
18 the costs of amortizing the principal of, and paying inter-
19 est on, loans for such purposes.

20 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 \$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
4 331(a)(3)(E)(i) of the Public Health Service Act
5 (254d(a)(3)(E)(i)) is amended by striking “and psychia-
6 trists” and inserting “psychiatrists and professionals who
7 provide crisis management services (such as at a crisis call
8 center, as part of a mobile crisis team, or through crisis
9 receiving and stabilization program)”.

10 (b) MINORITY FELLOWSHIP PROGRAM.—Section
11 597(b) of the Public Health Service Act (42 U.S.C.
12 290ll(b)) is amended by inserting “crisis management
13 services (such as at a crisis call center, as part of a mobile
14 crisis team, or through crisis receiving and stabilization
15 program),” after “mental health counseling,”.

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

19 (1) in subsection (a)—

20 (A) in paragraph (1), by inserting “crisis
21 management (such as at a crisis call center, as
22 part of a mobile crisis team, or through crisis
23 receiving and stabilization program),” after
24 “occupational therapy,”;

25 (B) in paragraph (2), by inserting “and
26 providing crisis management services (such as

1 at a crisis call center, as part of a mobile crisis
2 team, or through crisis receiving and stabiliza-
3 tion program)” after “treatment services,”;

4 (C) in paragraph (3), by inserting “and
5 providing crisis management services (such as
6 at a crisis call center, as part of a mobile crisis
7 team, or through crisis receiving and stabiliza-
8 tion program),” after “behavioral health serv-
9 ices”; and

10 (D) in paragraph (4), by inserting “includ-
11 ing for the provision of crisis management serv-
12 ices (such as at a crisis call center, as part of
13 a mobile crisis team, or through crisis receiving
14 and stabilization program),” after “paraprofes-
15 sional field”;

16 (2) in subsection (d)(2), by inserting “or that
17 emphasize training in crisis management and meet-
18 ing the crisis needs of diverse populations specified
19 in (b)(2), including effective outreach and engage-
20 ment” after “partnerships”; and

21 (3) by adding at the end the following:

22 “(g) ADDITIONAL FUNDING.—

23 “(1) IN GENERAL.—For each of fiscal years
24 2023 through 2027, in addition to funding made
25 available under subsection (f), there are authorized

1 to be appropriated \$15,000,000 for workforce devel-
2 opment for crisis management, as specified in para-
3 graphs (1) through (4) of subsection (a).

4 “(2) PRIORITY.—In making grants for the pur-
5 pose specified in paragraph (1), the Secretary shall
6 give priority to programs demonstrating effective re-
7 cruitment and retention efforts for individuals and
8 groups from different racial, ethnic, cultural, geo-
9 graphic, religious, linguistic, and class backgrounds,
10 and different genders and sexual orientations, as
11 specified in subsection (b)(2).”

12 **TITLE III—BEHAVIORAL HEALTH**
13 **CRISIS SERVICES EXPANSION**

14 **SEC. 301. CRISIS RESPONSE CONTINUUM OF CARE.**

15 Subpart 3 of part B of title V of the Public Health
16 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
17 section 106, is further amended by adding at the end the
18 following:

19 **“SEC. 5200. CRISIS RESPONSE CONTINUUM OF CARE.**

20 “(a) IN GENERAL.—The Secretary shall establish
21 standards for a continuum of care for use by health care
22 providers and communities in responding to individuals,
23 including children and adolescents, experiencing mental
24 health crises, substance related crises, and crises arising

1 from co-occurring disorders (referred to in this section as
2 the ‘crisis response continuum’).

3 “(b) REQUIREMENTS.—

4 “(1) SCOPE OF STANDARDS.—The standards
5 established under subsection (a) shall define—

6 “(A) minimum requirements of core crisis
7 services, as determined by the Secretary, to in-
8 clude requirements that each entity that fur-
9 nishes such services should—

10 “(i) not require prior authorization
11 from an insurance provider nor referral
12 from a health care provider prior to the de-
13 livery of services;

14 “(ii) serve all individuals regardless of
15 age or ability to pay;

16 “(iii) operate 24 hours a day, 7 days
17 a week, and provide care to all individuals;
18 and

19 “(iv) provide care and support
20 through resources described in paragraph
21 (2)(A) until the individual has been sta-
22 bilized or transfer the individual to the
23 next level of crisis care; and

24 “(B) psychiatric stabilization, including the
25 point at which a case may be closed for—

1 “(i) individuals screened over the
2 phone; and

3 “(ii) individuals stabilized on the
4 scene by mobile teams.

5 “(2) IDENTIFICATION OF ESSENTIAL FUNC-
6 TIONS.—The Secretary shall identify the essential
7 functions of each service in the crisis response con-
8 tinuum, which shall include at least the following:

9 “(A) Identification of resources for referral
10 and enrollment in continuing mental health,
11 substance use, or other human services relevant
12 for the individual in crisis where necessary.

13 “(B) Delineation of access and entry
14 points to services within the crisis response con-
15 tinuum.

16 “(C) Development of and adherence to pro-
17 tocols and agreements for the transfer and re-
18 ceipt of individuals to and from other segments
19 of the crisis response continuum segments as
20 needed, and from outside referrals including
21 health care providers, law enforcement, EMS,
22 fire, education institutions, and community-
23 based organizations.

24 “(D) Description of the qualifications of
25 crisis services staff, including roles for physi-

1 cians, licensed clinicians, case managers, and
2 peers (in accordance with State licensing re-
3 quirements or requirements applicable to Tribal
4 health professionals).

5 “(E) Requirements for the convening of
6 collaborative meetings of crisis response service
7 providers, first responders, such as paramedics
8 and law enforcement, and community partners
9 (including National Suicide Prevention Lifeline
10 or 9–8–8 call centers, 9–1–1 public service an-
11 swering points, and local mental health and
12 substance use disorder treatment providers) op-
13 erating in a common region for the discussion
14 of case management, best practices, and general
15 performance improvement.

16 “(3) SERVICE CAPACITY AND QUALITY STAND-
17 ARDS.—Such standards shall include definitions of—

18 “(A) adequate volume of services to meet
19 population need;

20 “(B) appropriate timely response; and

21 “(C) capacity to meet the needs of dif-
22 ferent patient populations who may experience
23 a mental health or substance use crisis, includ-
24 ing children, families, and all age groups, cul-
25 tural and linguistic minorities, individuals with

1 co-occurring mental health and substance use
2 disorders, individuals with cognitive disabilities,
3 individuals with developmental delays, and indi-
4 viduals with chronic medical conditions and
5 physical disabilities.

6 “(4) OVERSIGHT AND ACCREDITATION.—The
7 Secretary shall designate entities charged with the
8 oversight and accreditation of entities within the cri-
9 sis response continuum.

10 “(5) IMPLEMENTATION TIMEFRAME.—Not later
11 than 1 year after the date of enactment of this title,
12 the Secretary shall establish the standards under
13 this section.

14 “(6) DATA COLLECTION AND EVALUATIONS.—

15 “(A) IN GENERAL.—The Secretary, di-
16 rectly or through grants, contracts, or inter-
17 agency agreements, shall collect data and con-
18 duct evaluations with respect to the provision of
19 services and programs offered on the crisis re-
20 sponse continuum for purposes of assessing the
21 extent to which the provision of such services
22 and programs meet certain objectives and out-
23 comes measures as determined by the Sec-
24 retary. Such objectives shall include—

1 “(i) a reduction in reliance on law en-
2 forcement response to individuals in crisis
3 who would be more appropriately served by
4 a mobile crisis team capable of responding
5 to mental health and substance related cri-
6 ses;

7 “(ii) a reduction in boarding or ex-
8 tended holding of patients in emergency
9 room facilities who require further psy-
10 chiatric care, including care for substance
11 use disorders;

12 “(iii) evidence of adequate access to
13 crisis care centers and crisis bed services;
14 and

15 “(iv) evidence of adequate linkage to
16 appropriate post-crisis care and longitu-
17 dinal treatment for mental health or sub-
18 stance use disorder when relevant.

19 “(B) RULEMAKING.—The Secretary shall
20 carry out this subsection through notice and
21 comment rulemaking, following a request for in-
22 formation from stakeholders.

23 “(c) COMPONENTS OF CRISIS RESPONSE CON-
24 TINUUM.—The crisis response continuum consists of at
25 least the following components:

1 “(1) CRISIS CALL CENTERS.—Regional clini-
2 cally managed crisis call centers that provide tele-
3 phonic crisis intervention capabilities. Such centers
4 should meet National Suicide Prevention Lifeline
5 operational guidelines regarding suicide risk assess-
6 ment and engagement and offer air traffic control-
7 quality coordination of crisis care in real-time.

8 “(2) MOBILE CRISIS RESPONSE TEAM.—Teams
9 of providers that are available to reach any indi-
10 vidual in the service area in their home, workplace,
11 school, physician’s office or outpatient treatment set-
12 ting, or any other community-based location of the
13 individual in crisis in a timely manner.

14 “(3) CRISIS RECEIVING AND STABILIZATION FA-
15 CILITIES.—Subacute inpatient facilities and other
16 facilities specified by the Secretary that provide
17 short-term observation and crisis stabilization serv-
18 ices to all referrals, including the following services:

19 “(A) 23-HOUR CRISIS STABILIZATION
20 SERVICES.—A direct care service that provides
21 individuals in severe distress with up to 23 con-
22 secutive hours of supervised care to assist with
23 deescalating the severity of their crisis or need
24 for urgent care in a subacute inpatient setting.

1 “(B) SHORT-TERM CRISIS RESIDENTIAL
2 SERVICES.—A direct care service that assists
3 with deescalating the severity of an individual’s
4 level of distress or need for urgent care associ-
5 ated with a substance use or mental health dis-
6 order in a residential setting.

7 “(4) MENTAL HEALTH AND SUBSTANCE USE
8 URGENT CARE FACILITIES.—Ambulatory services
9 available 12–24 hours per day, 7 days a week, where
10 individuals experiencing crisis can walk in without
11 an appointment to receive crisis assessment, crisis
12 intervention, medication, and connection to con-
13 tinuity of care.

14 “(5) ADDITIONAL FACILITIES AND PRO-
15 VIDERS.—The Secretary shall specify additional fa-
16 cilities and health care providers as part of the crisis
17 response continuum, as the Secretary determines ap-
18 propriate.

19 “(d) RELATIONSHIP TO STATE LAW.—

20 “(1) IN GENERAL.—Subject to paragraph (2),
21 the standards established under this section are min-
22 imum standards and nothing in this section may be
23 construed to preclude a State from establishing ad-
24 ditional standards, so long as such standards are not

1 inconsistent with the requirements of this section or
2 other applicable law.

3 “(2) WAIVER OR MODIFICATION.—The Sec-
4 retary shall establish a process under which a State
5 may request a waiver or modification of a standard
6 established under this section.”.

7 **SEC. 302. COVERAGE OF CRISIS RESPONSE SERVICES.**

8 (a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

12 (A) in subparagraph (GG), by striking
13 “and” at the end;

14 (B) in subparagraph (HH), by striking the
15 period at the end and inserting “; and”; and

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

18 “(II) crisis response services as defined in
19 subsection (III);”.

20 (2) CRISIS RESPONSE SERVICES DEFINED.—

21 Section 1861 of the Social Security Act (42 U.S.C.
22 1395x) is amended by adding at the end the fol-
23 lowing new subsection:

24 “(III) CRISIS RESPONSE SERVICES.—

1 “(1) IN GENERAL.—The term ‘crisis response
2 services’ means mental health or substance use serv-
3 ices that are furnished by a mobile crisis response
4 team, a crisis receiving and stabilization facility,
5 mental health or substance use urgent care facility,
6 or other appropriate provider, as determined by the
7 Secretary, to an individual, including children and
8 adolescents, experiencing a mental health or sub-
9 stance use crisis. Such term includes services identi-
10 fied by the Secretary as part of the crisis response
11 continuum of care under section 302 of the Behav-
12 ioral Health Crisis Services Expansion Act.

13 “(2) DEFINITIONS.—In this subsection, the
14 terms ‘mobile crisis response team’, ‘crisis receiving
15 and stabilization facility’, and ‘mental health and
16 substance use urgent care facility’ have the meaning
17 given those terms for purposes of such section
18 302.”.

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 (DD)” and in-
24 serting “(DD)”; and

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

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 “(z) 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(III)) 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 part of the crisis response continuum of
12 care under section 203 of the Behavioral Health Cri-
13 sis Services Expansion Act, as appropriate, for crisis
14 response services described in section
15 1861(s)(2)(II).”.

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

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

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

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

8 (2) in section 1905—

9 (A) in subsection (a)—

10 (i) in paragraph (30), by striking “;
11 and” and inserting a semicolon;

12 (ii) by redesignating paragraph (31)
13 as paragraph (32); and

14 (iii) by inserting the following para-
15 graph after paragraph (30):

16 “(31) crisis response services (as defined in sec-
17 tion 1861(III)); and”.

18 (3) PRESUMPTIVE ELIGIBILITY DETERMINA-
19 TION BY CRISIS RESPONSE SERVICE PROVIDERS.—
20 Section 1902(a)(47)(B) of the Social Security Act
21 (42 U.S.C. 1396a(a)(47)(B)) is amended by insert-
22 ing “or provider of crisis response services (as de-
23 fined in section 1861(III))” after “any hospital”.

24 (4) EFFECTIVE DATE.—

1 (A) IN GENERAL.—Except as provided in
2 subparagraph (B), the amendments made by
3 this section shall take effect on the date that is
4 3 years after the date of the enactment of this
5 Act.

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

1 deemed to be a separate regular session of the
2 State legislature.

3 (c) ESSENTIAL HEALTH BENEFITS.—Section
4 1302(b)(1)(E) of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 18022(b)(1)(E)) is amended by in-
6 serting “and crisis response services (as defined in section
7 1861(III) of the Social Security Act)” before the period.

8 (d) GROUP HEALTH PLANS AND HEALTH INSUR-
9 ANCE ISSUERS.—

10 (1) IN GENERAL.—Section 2707 of the Public
11 Health Service Act (42 U.S.C. 300gg–6) is amended
12 by adding at the end the following:

13 “(e) CRISIS RESPONSE SERVICES.—A group health
14 plan or a health insurance issuer offering group or indi-
15 vidual health insurance coverage shall ensure that such
16 coverage includes crisis response services (as defined in
17 section 1861(III) of the Social Security Act).”.

18 (2) APPLICATION TO GRANDFATHERED
19 PLANS.—Section 1251(a)(4)(A) of the Public Health
20 Service Act (42 U.S.C. 18011(a)(4)(A)) is amended
21 by adding at the end the following new clause:

22 “(v) Section 2707(e) (relating to cov-
23 erage of crisis response services).”.

24 (e) TRICARE COVERAGE.—

1 (1) IN GENERAL.—The Secretary of Defense
2 shall provide coverage under the TRICARE program
3 for crisis response services, as defined in section
4 1861(III) of the Social Security Act (42 U.S.C.
5 1395x) (as amended by section 303).

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

10 (f) REIMBURSEMENT FOR CRISIS RESPONSE SERV-
11 ICES FOR VETERANS.—Section 1725(f)(1) of title 38,
12 United States Code, is amended, in the matter preceding
13 subparagraph (A), by inserting “, including crisis response
14 services (as defined in subsection (III) of section 1861 of
15 the Social Security Act (42 U.S.C. 1395x)),” after “serv-
16 ices”.

17 (g) COVERAGE UNDER FEHB.—

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

21 “(p) Each contract for a plan under this chapter shall
22 require the carrier to provide coverage for crisis response
23 services, as that term is defined in subsection (III) of sec-
24 tion 1861 of the Social Security Act (42 U.S.C. 1395x).”.

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

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

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

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

14 (3) by adding at the end the following new sub-
15 paragraph:

16 “(C) beginning on the date that is 3 years
17 after the date of the enactment of this subpara-
18 graph, crisis response services (as defined in
19 section 1861(l)).”.

20 **SEC. 303. BUILDING THE CRISIS CONTINUUM INFRASTRUC-**
21 **TURE.**

22 (a) ADDITIONAL AMOUNTS FOR MENTAL HEALTH
23 BLOCK GRANT.—Section 1920 of the Public Health Serv-
24 ice Act (42 U.S.C. 300x-9) is amended by adding at the
25 end the following:

1 “(d) SUPPORT FOR CRISIS RESPONSE SERVICES IN-
2 INFRASTRUCTURE.—

3 “(1) IN GENERAL.—In addition to amounts
4 made available under subsection (a), there are au-
5 thorized to be appropriated such sums as are nec-
6 essary for each of fiscal years 2022, 2023, and
7 2024, for purposes of supporting the infrastructure
8 needed to provide crisis response services (as defined
9 in section 1861(III) of the Social Security Act) in the
10 States, which may include training and continuing
11 education, and administrative expenses with respect
12 to the provision of such services.

13 “(2) ALLOTMENTS.—Each fiscal year for which
14 amounts are appropriated under paragraph (1), the
15 Secretary shall allot to each State that receives a
16 grant under section 1911 for the fiscal year an
17 amount that bears the same relationship to the total
18 amount appropriated under paragraph (1) for the
19 fiscal year that the amount received by the State
20 under section 1911(a) for the fiscal year bears to
21 the total amount appropriated under subsection (a)
22 for the fiscal year.

23 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
24 provide to States technical assistance regarding the provi-
25 sion of crisis response services, as defined in section

1 1861(III) of the Social Security Act, including guidance on
2 how States may blend Medicaid funds available to States
3 under title XIX of the Social Security Act and funds avail-
4 able to States under the community mental health services
5 block grant program under this subpart and the substance
6 abuse prevention and treatment block grant program
7 under subpart II to provide such services.

8 “(f) CLEARINGHOUSE OF BEST PRACTICES.—The
9 Secretary shall develop and maintain a publicly available
10 clearinghouse of best practices for the successful operation
11 of each segment of the system for providing crisis response
12 services (as defined in section 1861(III) of the Social Secu-
13 rity Act) and the integration of such best practices into
14 the provision of such services. The clearinghouse shall be
15 updated annually.

16 “(g) RULE OF CONSTRUCTION.—With respect to
17 funds allocated under the crisis care set-aside authorized
18 under (a), the provisions contained in 1912(b)(1)(A)(vi)
19 shall not apply.”.

20 **SEC. 304. INCIDENT REPORTING.**

21 (a) ESTABLISHMENT OF PROTOCOL PANEL.—The
22 Secretary of Health and Human Services (referred to in
23 this section as the “Secretary”), in consultation with the
24 Attorney General, shall convene a panel for the purposes
25 of making recommendations for training and protocol for

1 9–1–1 dispatchers to respond appropriately to individuals
2 experiencing a behavioral health crisis based on the char-
3 acteristics of the incident and the needs of the caller.

4 (b) PANELISTS.—The Secretary shall appoint individ-
5 uals to serve staggered 10-year terms on the panel estab-
6 lished under subsection (a). Such individuals shall in-
7 clude—

8 (1) psychiatrists;

9 (2) paramedics and other emergency medical
10 services personnel;

11 (3) law enforcement officers and 9–1–1 dis-
12 patchers;

13 (4) representatives from each segment of the
14 crisis response continuum, as described in section
15 302, including 9–8–8 dispatchers;

16 (5) individuals who have received services under
17 such crisis response continuum, including individuals
18 under the age of 18;

19 (6) members of underserved communities in-
20 cluding ethnic and racial minority groups and sexual
21 orientation and gender minority groups;

22 (7) representatives from Tribes or Tribal orga-
23 nizations; and

24 (8) other individuals, as the Secretary deter-
25 mines appropriate.

1 (c) RECOMMENDATIONS.—

2 (1) TOPICS.—In issuing recommendations
3 under this section, the panel shall consider—

4 (A) connecting 9–1–1 callers to crisis care
5 services instead of responding with law enforce-
6 ment officers;

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

11 (C) a process for identifying 9–1–1 callers
12 who may be experiencing psychiatric symptoms
13 or a mental health crisis, substance use crisis,
14 or co-occurring crisis and evaluating the level of
15 need of such callers, as defined by relevant,
16 standardized assessment tools such as the Level
17 of Care Utilization System (LOCUS), the Child
18 and Adolescent Level of Care Utilization Sys-
19 tem (CALOCUS), and the American Society of
20 Addiction Medicine (ASAM) Criteria.

21 (2) UPDATES.—The panel shall update rec-
22 ommendations issued under this section not less fre-
23 quently than every 5 years.

1 **TITLE IV—MEDICAID**
2 **AMENDMENTS**

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

8 (a) IN GENERAL.—Section 1947 of the Social Secu-
9 rity Act (42 U.S.C. 1396w–6) is amended—

10 (1) in subsection (a)—

11 (A) by striking “for qualifying community-
12 based mobile crisis intervention services” and
13 inserting “for—

14 “(1) qualifying community-based mobile crisis
15 intervention services;

16 “(2) regional and local lifeline call center oper-
17 ations; and

18 “(3) programs for the purpose receiving and
19 stabilization individuals (including beds in homes
20 and facilities for such purpose).”; and

21 (B) by striking “during the 5-year period”;

22 (2) in subsection (c)—

23 (A) by striking “85 percent.” and inserting
24 the following: “85 percent, and for medical as-
25 sistance 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 (e), by adding at the end at
10 the following new sentence: “There is appropriated,
11 out of any funds in the Treasury not otherwise ap-
12 propriated, \$5,000,000 to the Secretary for the pur-
13 poses described in the preceding sentence to remain
14 available until expended.”; and

15 (4) in subsection (d)(2)—

16 (A) in subparagraph (A), by striking “for
17 the fiscal year preceding the first fiscal quarter
18 occurring during the period described in sub-
19 section (a)” and inserting “for the fiscal year
20 preceding the first fiscal quarter in which the
21 State provides medical assistance for qualifying
22 community-based mobile crisis intervention
23 services under this section”; and

24 (B) in subparagraph (B), by striking “oc-
25 ccurring during the period described in sub-

1 section (a)” and inserting “occurring during a
2 fiscal quarter”.

3 (b) **EFFECTIVE DATE.**—The amendments made by
4 subsection (a) shall take effect as if included in the enact-
5 ment of the American Rescue Plan Act of 2021 (Public
6 Law 117–2).

7 **SEC. 402. REVISIONS TO THE IMD EXCLUSION UNDER MED-**
8 **ICAID.**

9 (a) **SHRINKING OF THE IMD EXCLUSION UNDER**
10 **MEDICAID.**—Section 1905(a)(1) of the Social Security Act
11 (42 U.S.C. 1396d(a)(1)) is amended by inserting “, except
12 for, services that, beginning the day after the date of the
13 enactment of the 9–8–8 National Suicide Prevention Life-
14 line Implementation Act of 2022, are furnished in psy-
15 chiatric acute care crisis beds administered by community
16 behavioral health organizations certified under section 223
17 of the Protecting Access to Medicare Act of 2014, mental
18 health centers that meet the criteria of section 1913(c)
19 of the Public Health Service Act, crisis receiving and sta-
20 bilization facilities (as defined in section 302(c)(3) of the
21 9–8–8 National Suicide Prevention Lifeline Implementa-
22 tion Act of 2022) and the mental health and substance
23 use urgent care facilities (as defined in section 302(c)(5)
24 of such Act)”.

1 (b) GUIDANCE RELATING TO IMD EXCLUSION.—Not
2 later than 180 days after the date of the enactment of
3 this Act, the Secretary of Health and Human Services
4 shall issue guidance that crisis stabilization units (as de-
5 scribed in section 1905(a)(1) of the Social Security Act
6 (42 U.S.C. 1396d(a)(1)) are excluded from the prohibition
7 specified in the parenthetical of paragraph (1) of section
8 1905(a) (relating to services in an institution for mental
9 diseases), including the following facilities and services:

10 (1) Subacute crisis receiving in inpatient or
11 other facilities specified by the Secretary that pro-
12 vide short-term observation for all referrals to indi-
13 viduals in severe distress, as further defined by the
14 Secretary, with up to 23 consecutive hours of super-
15 vised care to assist with deescalating the severity of
16 a mental health or substance use crisis or need for
17 urgent care in a sub-acute inpatient setting.

18 (2) Short term crisis stabilization services as-
19 sisting with deescalating the severity of individuals
20 in severe distress, as defined by the Secretary, or
21 need for urgent care associated with a substance use
22 or mental health disorder in an inpatient or residen-
23 tial setting with reimbursement limited to 72 hours.

24 (c) REPORTS ON CRISIS STABILIZATION UTILIZA-
25 TION.—Not later than 1 year after the date of the enact-

1 ment of this Act, the Secretary shall submit to the appro-
2 priate congressional committees of jurisdiction a report
3 addressing the utilization of facility-based crisis services,
4 including the number of patients served, type and duration
5 of facility-based services, linkage to community-based re-
6 sources, and information on the total number of law en-
7 forcement drop-offs and other data relevant for diverting
8 mental health and substance use disorder emergencies
9 from law enforcement response.

10 **SEC. 403. EXCELLENCE IN MENTAL HEALTH AND ADDIC-**
11 **TION TREATMENT.**

12 (a) **EXPANSION OF COMMUNITY MENTAL HEALTH**
13 **SERVICES DEMONSTRATION PROGRAM.**—Section 223 of
14 the Protecting Access to Medicare Act of 2014 (42 U.S.C.
15 1396a note) is amended—

16 (1) in subsection (c), by adding at the end the
17 following new paragraph:

18 “(3) **PLANNING GRANTS FOR ADDITIONAL**
19 **STATES.**—In addition to the planning grants award-
20 ed under paragraph (1), the Secretary shall award
21 planning grants to States (other than States selected
22 to conduct demonstration programs under para-
23 graphs (1) or (8) of subsection (d)) for the purpose
24 of developing proposals to participate in time-limited

1 demonstration programs described in subsection
2 (d).”;

3 (2) in subsection (d)—

4 (A) in paragraph (3), by striking “Subject
5 to paragraph (8)” and inserting “Subject to
6 paragraphs (8) and (9)”;

7 (B) in paragraph (5)(C)(iii)(II), by insert-
8 ing “or paragraph (9)” after “paragraph (8)”;

9 (C) in paragraph (7)—

10 (i) in subparagraph (A), by inserting
11 “through the year in which the last dem-
12 onstration under this section ends” after
13 “annually thereafter”;

14 (ii) in subparagraph (B)—

15 (I) by striking “December 31,
16 2021” and inserting “September 30,
17 2023”; and

18 (II) by adding at the end the fol-
19 lowing new sentence: “Such rec-
20 ommendations shall include data col-
21 lected after 2019.”; and

22 (iii) by adding at the end the fol-
23 lowing new subparagraph:

24 “(C) FINAL EVALUATION.—Not later than
25 18 months after all demonstration programs

1 under this section have ended, the Secretary
2 shall submit to Congress a final evaluation of
3 such programs.”; and

4 (D) by adding at the end the following new
5 paragraph:

6 “(9) FURTHER ADDITIONAL PROGRAMS.—In
7 addition to the States selected under paragraphs (1)
8 and (8), the Secretary shall select any State that
9 submits an application that includes such informa-
10 tion as the Secretary shall require to conduct a dem-
11 onstration program that meets the requirements of
12 paragraph (2) and paragraphs (4) through (7) for 2
13 years or through September 30, 2023, whichever is
14 longer.”; and

15 (3) in subsection (f)(1)(B), by inserting “, and
16 \$40,000,000 for fiscal year 2022” before the period.

17 (b) CERTIFIED COMMUNITY BEHAVIORAL HEALTH
18 CLINIC EXPANSION GRANTS.—Part D of title V of the
19 Public Health Service Act (42 U.S.C. 290dd et seq.) is
20 amended by adding at the end the following:

21 **“SEC. 553. CERTIFIED COMMUNITY BEHAVIORAL HEALTH**
22 **CLINIC EXPANSION GRANTS.**

23 “(a) IN GENERAL.—The Assistant Secretary shall
24 award grants to communities and community organiza-
25 tions that meet the criteria for certified community behav-

1 ioral health clinics under section 223(a) of the Protecting
2 Access to Medicare Act A of 2014. Grants awarded under
3 this subsection shall be for a period of not more than 5
4 years.

5 “(b) TECHNICAL ASSISTANCE.—The Assistant Sec-
6 retary may provide appropriate information, training, and
7 technical assistance through appropriate contract proce-
8 dures to entities receiving grants under subsection (a), or
9 to health or social service providers pursuing certified
10 community behavioral health clinics status or partnering
11 with certified community behavioral health clinics, State
12 policymakers considering certified community behavioral
13 health clinics implementation under the Medicaid pro-
14 gram, and other stakeholders to facilitate successful imple-
15 mentation of the certification model.

16 “(c) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) GRANT PROGRAM.—For purposes of
18 awarding grants under subsection (a), there is au-
19 thorized to be appropriated \$500,000,000 for the pe-
20 riod of fiscal years 2022 through 2024.

21 “(2) TECHNICAL ASSISTANCE.—For purposes
22 of carrying out the technical assistance program
23 under subsection (b), there are authorized to be ap-

1 appropriated \$5,000,000 for each of fiscal years 2022
2 through 2026.”.

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