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(Original Signature of Member)

118TH CONGRESS
1ST 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

Mr. CÁRDENAS 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 2023”.

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 crisis call centers to—

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

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

16 “(3) improve call center operations; and

17 “(4) hiring of call center staff.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$441,000,000 for fiscal year 2024, to remain available
4 until expended.”.

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

7 Section 520F(e) of the Public Health Service Act (42
8 U.S.C. 290bb–37(e)) is amended by striking “section,
9 \$10,000,000 for each of fiscal years 2023 through 2027”
10 and inserting the following: “section—

11 “(1) \$10,000,000 for fiscal year 2023; and

12 “(2) \$100,000,000 for each of fiscal years 2024
13 through 2027”.

14 **SEC. 103. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
15 **PAIGN.**

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

19 **“SEC. 5200. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
20 **PAIGN.**

21 “(a) NATIONAL SUICIDE PREVENTION MEDIA CAM-
22 PAIGN.—

23 “(1) IN GENERAL.—Not later than the date
24 that is 3 years after the date of the enactment of
25 this Act, the Secretary, in consultation with the As-

1 sistant Secretary for Mental Health and Substance
2 Use and the Director of the Centers for Disease
3 Control and Prevention (referred to in this section
4 as the ‘Director’), shall conduct a national suicide
5 prevention media campaign (referred to in this sec-
6 tion as the ‘national media campaign’), for purposes
7 of—

8 “(A) preventing suicide in the United
9 States;

10 “(B) educating families, friends, and com-
11 munities on how to address suicide and suicidal
12 thoughts, including when to encourage individ-
13 uals with suicidal risk to seek help; and

14 “(C) increasing awareness of suicide pre-
15 vention resources of the Centers for Disease
16 Control and Prevention and the Substance
17 Abuse and Mental Health Services Administra-
18 tion (including the suicide prevention hotline
19 maintained under section 520E–3, any suicide
20 prevention mobile application of the Centers for
21 Disease Control and Prevention or the Sub-
22 stance Abuse Mental Health Services Adminis-
23 tration, and other support resources determined
24 appropriate by the Secretary).

1 “(2) ADDITIONAL CONSULTATION.—In addition
2 to consulting with the Assistant Secretary and the
3 Director under this section, the Secretary shall con-
4 sult with, as appropriate, State, local, Tribal, and
5 territorial health departments, primary health care
6 providers, hospitals with emergency departments,
7 mental and behavioral health services providers, cri-
8 sis response services providers, paramedics, law en-
9 forcement, suicide prevention and mental health pro-
10 fessionals, patient advocacy groups, survivors of sui-
11 cide attempts, and representatives of television and
12 social media platforms in planning the national
13 media campaign to be conducted under paragraph
14 (1).

15 “(b) TARGET AUDIENCES.—

16 “(1) TAILORING ADVERTISEMENTS AND OTHER
17 COMMUNICATIONS.—In conducting the national
18 media campaign under subsection (a)(1), the Sec-
19 retary may tailor culturally competent advertise-
20 ments and other communications of the campaign
21 across all available media for a target audience
22 (such as a particular geographic location or demo-
23 graphic) across the lifespan.

24 “(2) TARGETING CERTAIN LOCAL AREAS.—The
25 Secretary shall, to the maximum extent practicable,

1 use amounts made available under subsection (f) for
2 media that targets certain local areas or populations
3 at disproportionate risk for suicide.

4 “(c) USE OF FUNDS.—

5 “(1) REQUIRED USES.—

6 “(A) IN GENERAL.—The Secretary shall, if
7 reasonably feasible with the funds made avail-
8 able under subsection (f), carry out the fol-
9 lowing, with respect to the national media cam-
10 paign:

11 “(i) Testing and evaluation of adver-
12 tising.

13 “(ii) Evaluation of the effectiveness of
14 the national media campaign.

15 “(iii) Operational and management
16 expenses.

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

22 “(B) SPECIFIC REQUIREMENTS.—

23 “(i) TESTING AND EVALUATION OF
24 ADVERTISING.—In testing and evaluating
25 advertising under subparagraph (A)(i), the

1 Secretary shall test all advertisements
2 after use in the national media campaign
3 to evaluate the extent to which such adver-
4 tisements have been effective in carrying
5 out the purposes of the national media
6 campaign.

7 “(ii) EVALUATION OF EFFECTIVENESS
8 OF NATIONAL MEDIA CAMPAIGN.—In eval-
9 uating the effectiveness of the national
10 media campaign under subparagraph
11 (A)(ii), the Secretary shall—

12 “(I) take into account the num-
13 ber of unique calls that are made to
14 the suicide prevention hotline main-
15 tained under section 520E–3 and as-
16 sess whether there are any State and
17 regional variations with respect to the
18 capacity to answer such calls;

19 “(II) take into account the num-
20 ber of unique encounters with suicide
21 prevention and support resources of
22 the Centers for Disease Control and
23 Prevention and the Substance Abuse
24 and Mental Health Services Adminis-
25 tration and assess engagement with

1 such suicide prevention and support
2 resources;

3 “(III) assess whether the na-
4 tional media campaign has contrib-
5 uted to increased awareness that sui-
6 cidal individuals should be engaged,
7 rather than ignored; and

8 “(IV) take into account such
9 other measures of evaluation as the
10 Secretary determines are appropriate.

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

15 “(A) Partnerships with professional and
16 civic groups, community-based organizations,
17 including faith-based organizations, and Fed-
18 eral agencies or Tribal organizations that the
19 Secretary determines have experience in suicide
20 prevention, including the Substance Abuse and
21 Mental Health Services Administration and the
22 Centers for Disease Control and Prevention.

23 “(B) Entertainment industry outreach,
24 interactive outreach, media projects and activi-
25 ties, the dissemination of public information,

1 news media outreach, outreach through tele-
2 vision programs, and corporate sponsorship and
3 participation.

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

7 “(1) To supplant Federal suicide prevention
8 campaigns in effect as of the date of the enactment
9 of this section.

10 “(2) For partisan political purposes, or to ex-
11 press advocacy in support of or to defeat any clearly
12 identified candidate, clearly identified ballot initia-
13 tive, or clearly identified legislative or regulatory
14 proposal.

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

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

1 line crisis centers and the capacity of such centers
2 to manage such calls;

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

7 “(3) plans to purchase advertising time and
8 space;

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

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

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
17 purposes of carrying out this section, there is authorized
18 to be appropriated \$10,000,000 for each of fiscal years
19 2024 through 2028.”.

1 **TITLE II—HEALTH RESOURCES**
2 **AND SERVICES ADMINISTRATION**
3 **TION**

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

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

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

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

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

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

19 “(2) a mental health and substance use crisis
20 receiving and stabilization program and crisis call
21 center that have a working relationship with one or
22 more local community mental health and substance
23 use organizations, community mental health centers,
24 and certified community behavioral health clinics, or
25 other local mental health and substance use care

1 providers, including inpatient and residential treat-
2 ment settings.

3 “(c) USE OF FUNDS.—Amounts made available to a
4 recipient of a grant or cooperative agreement pursuant to
5 subsection (a) shall be used for crisis response program
6 facility alteration, renovation, remodeling, expansion, con-
7 struction, and other capital improvement costs, including
8 the costs of amortizing the principal of, and paying inter-
9 est on, loans for such purposes.

10 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$1,000,000,000, to remain available until expended.”.

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

15 (a) NATIONAL HEALTH SERVICE CORPS.—Section
16 331(a)(3)(E)(i) of the Public Health Service Act
17 (254d(a)(3)(E)(i)) is amended by striking “and psychia-
18 trists” and inserting “psychiatrists and professionals who
19 provide crisis management services (such as at a crisis call
20 center, as part of a mobile crisis team, or through crisis
21 receiving and stabilization program)”.

22 (b) MINORITY FELLOWSHIP PROGRAM.—Section
23 597(b) of the Public Health Service Act (42 U.S.C.
24 2901l(b)) is amended by inserting “crisis management
25 services (such as at a crisis call center, as part of a mobile

1 crisis team, or through crisis receiving and stabilization
2 program),” after “mental health counseling,”.

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

6 (1) in subsection (a)—

7 (A) in paragraph (1), by inserting “crisis
8 management (such as at a crisis call center, as
9 part of a mobile crisis team, or through crisis
10 receiving and stabilization program),” after
11 “occupational therapy,”;

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

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

23 (D) in paragraph (4), by inserting “includ-
24 ing for the provision of crisis management serv-
25 ices (such as at a crisis call center, as part of

1 a mobile crisis team, or through crisis receiving
2 and stabilization program),” after “paraprofes-
3 sional field”;

4 (2) in subsection (d)(2), by inserting “or that
5 emphasize training in crisis management and meet-
6 ing the crisis needs of diverse populations specified
7 in (b)(2), including effective outreach and engage-
8 ment” after “partnerships”; and

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

10 “(g) ADDITIONAL FUNDING.—

11 “(1) IN GENERAL.—For each of fiscal years
12 2024 through 2028, in addition to funding made
13 available under subsection (f), there are authorized
14 to be appropriated \$15,000,000 for workforce devel-
15 opment for crisis management, as specified in para-
16 graphs (1) through (4) of subsection (a).

17 “(2) PRIORITY.—In making grants for the pur-
18 pose specified in paragraph (1), the Secretary shall
19 give priority to programs demonstrating effective re-
20 cruitment and retention efforts for individuals and
21 groups from different racial, ethnic, cultural, geo-
22 graphic, religious, linguistic, and class backgrounds,
23 and different genders and sexual orientations, as
24 specified in subsection (b)(2).”.

1 **TITLE III—BEHAVIORAL HEALTH**
2 **CRISIS SERVICES EXPANSION**

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

4 (a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

8 (A) in subparagraph (II), by striking
9 “and” at the end;

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

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

14 “(KK) crisis response services as defined
15 in subsection (nnn);”.

16 (2) CRISIS RESPONSE SERVICES DEFINED.—

17 Section 1861 of the Social Security Act (42 U.S.C.
18 1395x) is amended by adding at the end the fol-
19 lowing new subsection:

20 “(nnn) CRISIS RESPONSE SERVICES.—The term ‘cri-
21 sis response services’ means mental health or substance
22 use services that are furnished by a mobile crisis response
23 team, a crisis receiving and stabilization facility, mental
24 health or substance use urgent care facility, or other ap-
25 propriate provider, as determined by the Secretary, to an

1 individual, including children and adolescents, experi-
2 encing a mental health or substance use crisis.”.

3 (3) PAYMENT.—

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

7 (i) by striking “and (HH)” and in-
8 serting “(HH)”; and

9 (ii) by inserting before the semicolon
10 at the end the following: “and (II) with re-
11 spect to crisis response services described
12 in section 1861(s)(2)(KK), the amounts
13 paid shall be 80 percent of the lesser of the
14 actual charge for the service or the amount
15 determined under the payment basis estab-
16 lished under section 1834(aa)”.

17 (B) ESTABLISHMENT OF PAYMENT
18 BASIS.—Section 1834 of the Social Security Act
19 (42 U.S.C. 1395m) is amended by adding at
20 the end the following new subsection:

21 “(aa) PAYMENT FOR CRISIS RESPONSE SERVICES.—
22 The Secretary shall establish a payment basis determined
23 appropriate by the Secretary with respect to crisis re-
24 sponse services (as defined in section 1861(nnn)) fur-
25 nished by a provider of services or supplier.”.

1 (4) AMBULANCE TRANSPORT OF INDIVIDUALS
2 IN CRISIS.—

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

7 “(18) TRANSPORTATION OF INDIVIDUALS IN
8 CRISIS.—With respect to ambulance services fur-
9 nished on or after the date that is 3 years after the
10 date of the enactment of the Behavioral Health Cri-
11 sis Services Expansion Act, the regulations described
12 in section 1861(s)(7) shall provide coverage under
13 such section for ambulance and other qualified emer-
14 gency transport services to transport an individual
15 experiencing a mental health or substance crisis to
16 an appropriate facility, such as a community mental
17 health center (as defined in section 1861(ff)(3)(B))
18 or other facility or provider identified by the Sec-
19 retary, as appropriate, for crisis response services
20 described in section 1861(s)(2)(KK).”.

21 (B) CONFORMING AMENDMENT.—Section
22 1861(s)(7) of such Act (42 U.S.C. 1395x(s)(7))
23 is amended by striking “section 1834(l)(14)”
24 and inserting “paragraphs (14) and (18) of sec-
25 tion 1834(l)”.

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

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

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

12 (2) in section 1905—

13 (A) in subsection (a)—

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

16 (ii) by redesignating paragraph (31)
17 as paragraph (32); and

18 (iii) by inserting the following para-
19 graph after paragraph (30):

20 “(31) crisis response services (as defined in sec-
21 tion 1861(nnn)); and”.

22 (3) PRESUMPTIVE ELIGIBILITY DETERMINA-
23 TION BY CRISIS RESPONSE SERVICE PROVIDERS.—
24 Section 1902(a)(47)(B) of the Social Security Act
25 (42 U.S.C. 1396a(a)(47)(B)) is amended by insert-

1 ing “or provider of crisis response services (as de-
2 fined in section 1861(nnn))” after “any hospital”.

3 (4) EFFECTIVE DATE.—

4 (A) IN GENERAL.—Except as provided in
5 subparagraph (B), the amendments made by
6 this section shall take effect on the date that is
7 3 years after the date of the enactment of this
8 Act.

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

1 in the case of a State that has a 2-year legisla-
2 tive session, each year of such session shall be
3 deemed to be a separate regular session of the
4 State legislature.

5 (c) ESSENTIAL HEALTH BENEFITS.—Section
6 1302(b)(1)(E) of the Patient Protection and Affordable
7 Care Act (42 U.S.C. 18022(b)(1)(E)) is amended by in-
8 serting “and crisis response services (as defined in section
9 1861(nnn) of the Social Security Act)” before the period.

10 (d) GROUP HEALTH PLANS AND HEALTH INSUR-
11 ANCE ISSUERS.—

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

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

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

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

1 (e) 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(nnn) of the Social Security Act (42 U.S.C.
6 1395x).

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

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

18 (g) COVERAGE UNDER FEHB.—

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

22 “(p) Each contract for a plan under this chapter shall
23 require the carrier to provide coverage for crisis response
24 services, as that term is defined in subsection (nnn) of

1 section 1861 of the Social Security Act (42 U.S.C.
2 1395x).”.

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

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

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

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

16 (3) by adding at the end the following new sub-
17 paragraph:

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

22 **SEC. 302. INCIDENT REPORTING.**

23 (a) ESTABLISHMENT OF PROTOCOL PANEL.—The
24 Secretary of Health and Human Services (referred to in
25 this section as the “Secretary”), in consultation with the

1 Attorney General, shall convene a panel for the purposes
2 of making recommendations for training and protocol for
3 9–1–1 dispatchers to respond appropriately to individuals
4 experiencing a behavioral health crisis based on the char-
5 acteristics of the incident and the needs of the caller.

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

10 (1) psychiatrists;

11 (2) paramedics and other emergency medical
12 services personnel;

13 (3) law enforcement officers and 9–1–1 dis-
14 patchers;

15 (4) representatives from each segment of the
16 crisis response continuum, including 9–8–8 dis-
17 patchers;

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

21 (6) representatives from Tribes or Tribal orga-
22 nizations; and

23 (7) other individuals, as the Secretary deter-
24 mines appropriate.

25 (c) RECOMMENDATIONS.—

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

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

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

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

20 (2) UPDATES.—The panel shall update rec-
21 ommendations issued under this section not less fre-
22 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, and the mental health and substance
21 use urgent care facilities”.

22 (b) **GUIDANCE RELATING TO IMD EXCLUSION.**—Not
23 later than 180 days after the date of the enactment of
24 this Act, the Secretary of Health and Human Services
25 shall issue guidance that crisis stabilization units (as de-

1 scribed in section 1905(a)(1) of the Social Security Act
2 (42 U.S.C. 1396d(a)(1)) are excluded from the prohibition
3 specified in the parenthetical of paragraph (1) of section
4 1905(a) (relating to services in an institution for mental
5 diseases), including the following facilities and services:

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

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

20 (c) REPORTS ON CRISIS STABILIZATION UTILIZA-
21 TION.—Not later than 1 year after the date of the enact-
22 ment of this Act, the Secretary shall submit to the appro-
23 priate congressional committees of jurisdiction a report
24 addressing the utilization of facility-based crisis services,
25 including the number of patients served, type and duration

1 of facility-based services, linkage to community-based re-
2 sources, and information on the total number of law en-
3 forcement drop-offs and other data relevant for diverting
4 mental health and substance use disorder emergencies
5 from law enforcement response.