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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

(a) Short Title.—This Act may be cited as the “9–8–8 Implementation Act of 2022”.

(b) Table of Contents.—The table of contents for 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. 203. 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.

TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SECTION 101. BEHAVIORAL HEALTH CRISIS COORDINATING OFFICE.

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

“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING OFFICE.

“(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall establish an office to coordinate work relating to behavioral health crisis care across the operating divi-
sions of the Department of Health and Human Services, including the Centers for Medicare & Medicaid Services and the Health Resources and Services Administration and external stakeholders.

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

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

“(2) launch and manage Federal workgroups charged with making recommendations regarding behavioral health crisis financing, workforce, equity, data, and technology, program oversight, public awareness, and engagement;

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

“(A) the National Suicide Prevention and Mental Health Crisis Hotline and Response System;
“(B) community mental health centers (as defined in section 1861(ff)(3)(B) of the Social Security Act);

“(C) certified community behavioral health clinics, as described in section 223 of the Protecting Access to Medicare Act of 2014; and

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

“(e) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section $10,000,000 for each of fiscal years 2023 through 2027.”.

SEC. 102. NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.

(a) Authorization of Appropriations.—Section 520E–3(e) of the Public Health Service Act (290bb–36c(e)) is amended by inserting before the period at the end the following: “, and $240,000,000 for each of fiscal years 2023 through 2027”.

(b) Specialized Hotline for Underserved Populations.—Section 520E–3 of the Public Health Service Act (290bb–36c) is amended—

(1) in subsection (b)—

(A) in paragraph (2)—

(i) by inserting after “suicide prevention hotline” the following: “, under the
universal telephone number designated under section 251(e)(4) of the Communications Act of 1934,''; and

(ii) by striking ‘‘; and’’ at the end and inserting a semicolon;

(B) in paragraph (3), by striking the period at the end and inserting ‘‘; and’’; and

(C) by adding at the end the following:

‘‘(4) providing for access by LGBTQ individuals, people of color, and other underserved populations to specialized services through a range of digital and technology approaches, as determined by the Office of the Assistant Secretary.’’;

(2) by redesignating subsection (c) as subsection (d); and

(3) by inserting after subsection (b) the following:

‘‘(c) Consultation.—Wherever possible, the Office of the Assistant Secretary shall, in determining which approaches to use to provide specialized services under subsection (b)(4) to the populations described in such subsection, consult with organizations that have experience—

‘‘(1) working with such populations; and
“(2) technological expertise in effective crisis response using such digital and technology approaches.”.

SEC. 103. REGIONAL AND LOCAL LIFELINE CALL CENTER PROGRAM.

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

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

“(a) IN GENERAL.—The Secretary shall award grants to crisis call centers described in section 302(c)(1) of the 9–8–8 National Suicide Prevention Lifeline Implementation Act of 2022 to—

“(1) purchase or upgrade call center technology;

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

“(3) improve call center operations; and

“(4) hiring of call center staff.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $441,000,000 for fiscal year 2023, to remain available until expended.”.
SEC. 104. EVIDENCE-BASED AND BEST PRACTICE CRISIS CARE PROGRAMS.

(a) In General.—Section 1912(b)(1) of the Public Health Service Act (42 U.S.C. 300x–1(b)(1)) is amend-
ed—

(1) in subparagraph (A)—

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

(B) by inserting after clause (v), the fol-

lowing:

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

(2) by adding at the end the following:

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

“(i) Crisis call centers.

“(ii) 24/7 mobile crisis services.
“(iii) Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, with referrals to inpatient or outpatient care, as determined by the Assistant Secretary for Mental Health and Substance Use.”

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

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

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

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

(2) by adding at the end the following:

“(d) CRISIS CARE.—

“(1) IN GENERAL.—Except as provided in paragraph (3), a State shall expend at least 10 percent of the allotment of the State pursuant to a funding agreement under section 1911 for each of fiscal
years 2023 through 2027 to support programs described in section 1912(b)(1)(A)(vi).

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

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

“(4) WAIVER.—A State may, pursuant to a waiver granted by the Secretary of any requirements under this subpart (including requirements imposed by a funding agreement under section 1911), use funds set aside under this subsection to provide services described in section 1912(b)(1)(A)(vi) to individuals in such State who do not meet the criteria to be considered with serious mental illness or children with serious emotional disturbances.”.
SEC. 105. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.

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

“SEC. 520F–1. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.

“(a) IN GENERAL.—The Secretary shall establish a pilot program under which the Secretary will award competitive grants to eligible entities to establish new, or enhance existing, mobile crisis response teams that divert the response for mental health and substance use crises from law enforcement to mobile crisis teams, as described in subsection (b).

“(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile crisis team described in this subsection is a team of individuals—

“(1) that is available to respond to individuals in crisis and provide immediate stabilization, referrals to community-based mental health and substance use disorder services and supports, and triage to a higher level of care if medically necessary;

“(2) which may include licensed counselors, clinical social workers, physicians, paramedics, crisis workers, peer support specialists, or other qualified individuals; and
“(3) which may provide support to divert behavioral health crisis calls from the 9–1–1 system to the 9–8–8 system.

“(c) PRIORITY.—In awarding grants under this section, the Secretary shall prioritize applications which account for the specific needs of the communities to be served, including children and families, veterans, rural and underserved populations, and other groups at increased risk of death from suicide or overdose.

“(d) REPORT.—

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

“(2) PROGRESS REPORTS.—Not later than one year after the date on which the first grant is awarded to carry out this section, and for each year thereafter, the Secretary shall submit to Congress a report on the grants made during the year covered by the report, which shall include—
“(A) data on the teams and people served by such programs, including demographic information of individuals served, volume and types of service utilization, linkage to community-based resources and diversion from law enforcement settings, data consistent with the State block grant requirements for continuous evaluation and quality improvement, and other relevant data as determined by the Secretary; and

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

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

“(ii) improvements to the program established under this section.

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

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

“(2) Certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014.
“(3) An entity that operates citywide, Tribal-
wide, or county-wide crisis response systems, includ-
ing cities, counties, Tribes, or a department or agen-
cy of a city, county, or Tribe, including departments
or agencies of social services, disability services,
health services, public health, or mental health and
substance disorder services.

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

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

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

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

“(f) AUTHORIZATION OF APPROPRIATIONS.—There
are authorized to be appropriated to carry out this section
$100,000,000 for each of fiscal years 2023 through 2027.”.

SEC. 106. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

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

“SEC. 520N. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

“(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

“(1) IN GENERAL.—Not later than the date that is 3 years after the date of the enactment of this Act, the Secretary, in consultation with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and Prevention (referred to in this section as the ‘Director’), shall conduct a national suicide prevention media campaign (referred to in this section as the ‘national media campaign’), for purposes of—

“(A) preventing suicide in the United States;

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

“(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E–3, any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary).

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

“(b) Target Audiences.—

“(1) Tailoring advertisements and other communications.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

“(2) Targeting Certain Local Areas.—The Secretary shall, to the maximum extent practicable, use amounts made available under subsection (f) for media that targets certain local areas or populations at disproportionate risk for suicide.

“(c) Use of Funds.—

“(1) Required Uses.—

“(A) In general.—The Secretary shall, if reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

“(i) Testing and evaluation of advertising.
“(ii) Evaluation of the effectiveness of the national media campaign.

“(iii) Operational and management expenses.

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

“(B) SPECIFIC REQUIREMENTS.—

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

“(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall—
“(I) take into account the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

“(II) take into account the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

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

“(IV) take into account such other measures of evaluation as the Secretary determines are appropriate.
“(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

“(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Federal agencies or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

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

“(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

“(1) To supplant Federal suicide prevention campaigns in effect as of the date of the enactment of this section.
“(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

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

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

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

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

“(4) policies and practices implemented to ensure that Federal funds are used responsibly to pur-
chase advertising time and space and eliminate the
potential for waste, fraud, and abuse; and
“(5) all contracts entered into with a corpora-
tion, a partnership, or an individual working on be-
half of the national media campaign.
“(f) Authorization of Appropriations.—For
purposes of carrying out this section, there is authorized
to be appropriated $10,000,000 for each of fiscal years
2022 through 2026.”.

**TITLE II—HEALTH RESOURCES
AND SERVICES ADMINISTRA-
TION**

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

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

“SEC. 330O. HEALTH CENTER CAPITAL GRANTS.

“(a) In General.—The Secretary shall award
grants to eligible entities for capital projects.

“(b) Eligible Entity.—In this section, the term
‘eligible entity’ is an entity that is—

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

“(2) a mental health and substance use crisis receiving and stabilization program and crisis call center described in section 302(c)(1) of the 9–8–8 Implementation Act of 2022 that have a working relationship with one or more local community mental health and substance use organizations, community mental health centers, and certified community behavioral health clinics, or other local mental health and substance use care providers, including inpatient and residential treatment settings.

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000,000, to remain available until expended.”.
SEC. 203. EXPANDING BEHAVIORAL HEALTH WORKFORCE TRAINING PROGRAMS.

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

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

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

(1) in subsection (a)—

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

(B) in paragraph (2), by inserting “and providing crisis management services (such as
at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program)” after “treatment services,”; (C) in paragraph (3), by inserting “and providing crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program),” after “behavioral health services”; and (D) in paragraph (4), by inserting “including for the provision of crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program),” after “paraprofessional field”; (2) in subsection (d)(2), by inserting “or that emphasize training in crisis management and meeting the crisis needs of diverse populations specified in (b)(2), including effective outreach and engagement” after “partnerships”; and (3) by adding at the end the following: “(g) ADDITIONAL FUNDING.—“(1) IN GENERAL.—For each of fiscal years 2023 through 2027, in addition to funding made available under subsection (f), there are authorized
to be appropriated $15,000,0000 for workforce de-
velopment for crisis management, as specified in
paragraphs (1) through (4) of subsection (a).

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

TITLE III—BEHAVIORAL HEALTH
CRISIS SERVICES EXPANSION

SEC. 301. CRISIS RESPONSE CONTINUUM OF CARE.

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

“SEC. 520O. CRISIS RESPONSE CONTINUUM OF CARE.

“(a) IN GENERAL.—The Secretary shall establish
standards for a continuum of care for use by health care
providers and communities in responding to individuals,
including children and adolescents, experiencing mental
health crises, substance related crises, and crises arising
from co-occurring disorders (referred to in this section as the ‘crisis response continuum’).

“(b) REQUIREMENTS.—

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

“(A) minimum requirements of core crisis services, as determined by the Secretary, to include requirements that each entity that furnishes such services should—

“(i) not require prior authorization from an insurance provider nor referral from a health care provider prior to the delivery of services;

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

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

“(iv) provide care and support through resources described in paragraph (2)(A) until the individual has been stabilized or transfer the individual to the next level of crisis care; and

“(B) psychiatric stabilization, including the point at which a case may be closed for—
“(i) individuals screened over the phone; and
“(ii) individuals stabilized on the scene by mobile teams.

“(2) IDENTIFICATION OF ESSENTIAL FUNCTIONS.—The Secretary shall identify the essential functions of each service in the crisis response continuum, which shall include at least the following:

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

“(B) Delineation of access and entry points to services within the crisis response continuum.

“(C) Development of and adherence to protocols and agreements for the transfer and receipt of individuals to and from other segments of the crisis response continuum segments as needed, and from outside referrals including health care providers, law enforcement, EMS, fire, education institutions, and community-based organizations.

“(D) Description of the qualifications of crisis services staff, including roles for physi-
cians, licensed clinicians, case managers, and peers (in accordance with State licensing re-
quirements or requirements applicable to Tribal health professionals).

“(E) Requirements for the convening of collaborative meetings of crisis response service providers, first responders, such as paramedics and law enforcement, and community partners (including National Suicide Prevention Lifeline or 9–8–8 call centers, 9–1–1 public service answering points, and local mental health and substance use disorder treatment providers) operating in a common region for the discussion of case management, best practices, and general performance improvement.

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

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

“(B) appropriate timely response; and

“(C) capacity to meet the needs of different patient populations who may experience a mental health or substance use crisis, including children, families, and all age groups, cul-
tural and linguistic minorities, individuals with
co-occurring mental health and substance use disorders, individuals with cognitive disabilities, individuals with developmental delays, and individuals with chronic medical conditions and physical disabilities.

“(4) OVERSIGHT AND ACCREDITATION.—The Secretary shall designate entities charged with the oversight and accreditation of entities within the crisis response continuum.

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

“(6) DATA COLLECTION AND EVALUATIONS.—

“(A) IN GENERAL.—The Secretary, directly or through grants, contracts, or inter-agency agreements, shall collect data and conduct evaluations with respect to the provision of services and programs offered on the crisis response continuum for purposes of assessing the extent to which the provision of such services and programs meet certain objectives and outcomes measures as determined by the Secretary. Such objectives shall include—
“(i) a reduction in reliance on law enforcement response to individuals in crisis who would be more appropriately served by a mobile crisis team capable of responding to mental health and substance related crises;

“(ii) a reduction in boarding or extended holding of patients in emergency room facilities who require further psychiatric care, including care for substance use disorders;

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

“(iv) evidence of adequate linkage to appropriate post-crisis care and longitudinal treatment for mental health or substance use disorder when relevant.

“(B) RULEMAKING.—The Secretary shall carry out this subsection through notice and comment rulemaking, following a request for information from stakeholders.

“(c) COMPONENTS OF CRISIS RESPONSE CONTINUUM.—The crisis response continuum consists of at least the following components:
“(1) Crisis Call Centers.—Regional clinically managed crisis call centers that provide telephonic crisis intervention capabilities. Such centers should meet National Suicide Prevention Lifeline operational guidelines regarding suicide risk assessment and engagement and offer air traffic control-quality coordination of crisis care in real-time.

“(2) Mobile Crisis Response Team.—Teams of providers that are available to reach any individual in the service area in their home, workplace, school, physician’s office or outpatient treatment setting, or any other community-based location of the individual in crisis in a timely manner.

“(3) Crisis Receiving and Stabilization Facilities.—Subacute inpatient facilities and other facilities specified by the Secretary that provide short-term observation and crisis stabilization services to all referrals, including the following services:

“(A) 23-Hour Crisis Stabilization Services.—A direct care service that provides individuals in severe distress with up to 23 consecutive hours of supervised care to assist with deescalating the severity of their crisis or need for urgent care in a subacute inpatient setting.
“(B) **Short-term crisis residential services.**—A direct care service that assists with deescalating the severity of an individual’s level of distress or need for urgent care associated with a substance use or mental health disorder in a residential setting.

“(4) **Mental health and substance use urgent care facilities.**—Ambulatory services available 12–24 hours per day, 7 days a week, where individuals experiencing crisis can walk in without an appointment to receive crisis assessment, crisis intervention, medication, and connection to continuity of care.

“(5) **Additional facilities and providers.**—The Secretary shall specify additional facilities and health care providers as part of the crisis response continuum, as the Secretary determines appropriate.

“(d) **Relationship to State Law.**—

“(1) **In general.**—Subject to paragraph (2), the standards established under this section are minimum standards and nothing in this section may be construed to preclude a State from establishing additional standards, so long as such standards are not
inconsistent with the requirements of this section or other applicable law.

“(2) WAIVER OR MODIFICATION.—The Secretary shall establish a process under which a State may request a waiver or modification of a standard established under this section.”.

SEC. 302. COVERAGE OF CRISIS RESPONSE SERVICES.

(a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

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

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

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

“(II) crisis response services as defined in subsection (lll);”.

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

“(lll) CRISIS RESPONSE SERVICES.—
“(1) IN GENERAL.—The term ‘crisis response services’ means mental health or substance use services that are furnished by a mobile crisis response team, a crisis receiving and stabilization facility, mental health or substance use urgent care facility, or other appropriate provider, as determined by the Secretary, to an individual, including children and adolescents, experiencing a mental health or substance use crisis. Such term includes services identified by the Secretary as part of the crisis response continuum of care under section 302 of the Behavioral Health Crisis Services Expansion Act.

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

(3) PAYMENT.—

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

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

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

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

(4) AMBULANCE TRANSPORT OF INDIVIDUALS IN CRISIS.—

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

“(18) TRANSPORTATION OF INDIVIDUALS IN CRISIS.—With respect to ambulance services fur-
nished on or after the date that is 3 years after the date of the enactment of the Behavioral Health Crisis Services Expansion Act, the regulations described in section 1861(s)(7) shall provide coverage under such section for ambulance and other qualified emergency transport services to transport an individual experiencing a mental health or substance crisis to an appropriate facility, such as a community mental health center (as defined in section 1861(ff)(3)(B)) or other facility or provider identified by the Secretary as part of the crisis response continuum of care under section 203 of the Behavioral Health Crisis Services Expansion Act, as appropriate, for crisis response services described in section 1861(s)(2)(II).”.

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

(5) EFFECTIVE DATE.—The amendments made by this subsection shall apply to services furnished on or after the date that is 3 years after the date of the enactment of this Act.
(b) Mandatory Coverage of Crisis Response Services Under the Medicaid Program.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

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

(2) in section 1905—

(A) in subsection (a)—

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

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

(iii) by inserting the following paragraph after paragraph (30):

“(31) crisis response services (as defined in section 1861(lll)); and”.

(3) Presumptive Eligibility Determination by Crisis Response Service Providers.—Section 1902(a)(47)(B) of the Social Security Act (42 U.S.C. 1396a(a)(47)(B)) is amended by inserting “or provider of crisis response services (as defined in section 1861(lll))” after “any hospital”.

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

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

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

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

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

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

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

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

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

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

(f) REIMBURSEMENT FOR CRISIS RESPONSE SERVICES FOR VETERANS.—Section 1725(f)(1) of title 38, United States Code, is amended, in the matter preceding subparagraph (A), by inserting “, including crisis response services (as defined in subsection (lll) of section 1861 of the Social Security Act (42 U.S.C. 1395x)),” after “services”.

(g) COVERAGE UNDER FEHB.—

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

“(p) Each contract for a plan under this chapter shall require the carrier to provide coverage for crisis response services, as that term is defined in subsection (lll) of section 1861 of the Social Security Act (42 U.S.C. 1395x).”.
(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply beginning with respect to the third contract year for chapter 89 of title 5, United States Code, that begins on or after the date that is 3 years after the date of enactment of this Act.

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

(1) in subparagraph (A), by striking “and” at the end;
(2) in subparagraph (B), by striking the period and inserting “; and”; and
(3) by adding at the end the following new sub-

paragraph:

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

graph, crisis response services (as defined in section 1861(lll)).”.

SEC. 303. BUILDING THE CRISIS CONTINUUM INFRASTRUCT.

(a) ADDITIONAL AMOUNTS FOR MENTAL HEALTH BLOCK GRANT.—Section 1920 of the Public Health Serv-

ice Act (42 U.S.C. 300x–9) is amended by adding at the end the following:
“(d) Support for Crisis Response Services Infrastructure.—

“(1) In general.—In addition to amounts made available under subsection (a), there are authorized to be appropriated such sums as are necessary for each of fiscal years 2022, 2023, and 2024, for purposes of supporting the infrastructure needed to provide crisis response services (as defined in section 1861(lll) of the Social Security Act) in the States, which may include training and continuing education, and administrative expenses with respect to the provision of such services.

“(2) Allotments.—Each fiscal year for which amounts are appropriated under paragraph (1), the Secretary shall allot to each State that receives a grant under section 1911 for the fiscal year an amount that bears the same relationship to the total amount appropriated under paragraph (1) for the fiscal year that the amount received by the State under section 1911(a) for the fiscal year bears to the total amount appropriated under subsection (a) for the fiscal year.

“(e) Technical Assistance.—The Secretary shall provide to States technical assistance regarding the provision of crisis response services, as defined in section
1861(lll) of the Social Security Act, including guidance on how States may blend Medicaid funds available to States under title XIX of the Social Security Act and funds available to States under the community mental health services block grant program under this subpart and the substance abuse prevention and treatment block grant program under subpart II to provide such services.

“(f) CLEARINGHOUSE OF BEST PRACTICES.—The Secretary shall develop and maintain a publicly available clearinghouse of best practices for the successful operation of each segment of the system for providing crisis response services (as defined in section 1861(lll) of the Social Security Act) and the integration of such best practices into the provision of such services. The clearinghouse shall be updated annually.

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

SEC. 304. INCIDENT REPORTING.

(a) ESTABLISHMENT OF PROTOCOL PANEL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), in consultation with the Attorney General, shall convene a panel for the purposes of making recommendations for training and protocol for
9–1–1 dispatchers to respond appropriately to individuals experiencing a behavioral health crisis based on the characteristics of the incident and the needs of the caller.

(b) PANELISTS.—The Secretary shall appoint individuals to serve staggered 10-year terms on the panel established under subsection (a). Such individuals shall include—

(1) psychiatrists;

(2) paramedics and other emergency medical services personnel;

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

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

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

(6) members of underserved communities including ethnic and racial minority groups and sexual orientation and gender minority groups;

(7) representatives from Tribes or Tribal organizations; and

(8) other individuals, as the Secretary determines appropriate.
(c) RECOMMENDATIONS.—

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

(A) connecting 9–1–1 callers to crisis care services instead of responding with law enforce-

ment officers;

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

1–1 system to the 9–8–8 system as appropriate; and

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

(2) UPDATES.—The panel shall update rec-

ommendations issued under this section not less fre-

quently than every 5 years.
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) programs for the purpose receiving and stabilization individuals (including beds in homes and facilities for such purpose).”; and

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

(2) in subsection (c)—

(A) by striking “85 percent.” and inserting the following: “85 percent, and for medical assistance for items described in paragraphs (2)
and (3) of subsection (a) furnished during such
quarter shall be equal to 85 percent.”; and
(B) by striking “occurring during the pe-
riod described in subsection (a) that a State”
and inserting “in which a State provides med-
ic assistance for qualifying community-based
mobile crisis intervention services under this
section and”; and
(3) in subsection (e), by adding at the end at
the following new sentence: “There is appropriated,
out of any funds in the Treasury not otherwise ap-
propriated, $5,000,000 to the Secretary for the pur-
poses described in the preceding sentence to remain
available until expended.”; and
(4) in subsection (d)(2)—
(A) in subparagraph (A), by striking “for
the fiscal year preceding the first fiscal quarter
occurring during the period described in sub-
section (a)” and inserting “for the fiscal year
preceding the first fiscal quarter in which the
State provides medical assistance for qualifying
community-based mobile crisis intervention
services under this section”; and
(B) in subparagraph (B), by striking “oc-
curring during the period described in sub-
section (a)” and inserting “occurring during a fiscal quarter”.

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

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

(a) SHRINKING OF THE IMD EXCLUSION UNDER MEDICAID.—Section 1905(a)(1) of the Social Security Act (42 U.S.C. 1396d(a)(1)) is amended by inserting “, except for, services that, beginning the day after the date of the enactment of the 9–8–8 National Suicide Prevention Lifeline Implementation Act of 2022, are furnished in psychiatric acute care crisis beds administered by community behavioral health organizations certified under section 223 of the Protecting Access to Medicare Act of 2014, mental health centers that meet the criteria of section 1913(c) of the Public Health Service Act, crisis receiving and stabilization facilities (as defined in section 302(e)(3) of the 9–8–8 National Suicide Prevention Lifeline Implementation Act of 2022) and the mental health and substance use urgent care facilities (as defined in section 302(e)(5) of such Act)”.

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

(1) Subacute crisis receiving in inpatient or other facilities specified by the Secretary that provide short-term observation for all referrals to individuals in severe distress, as further defined by the Secretary, with up to 23 consecutive hours of supervised care to assist with deescalating the severity of a mental health or substance use crisis or need for urgent care in a sub-acute inpatient setting.

(2) Short term crisis stabilization services assisting with deescalating the severity of individuals in severe distress, as defined by the Secretary, or need for urgent care associated with a substance use or mental health disorder in an inpatient or residential setting with reimbursement limited to 72 hours.

(c) REPORTS ON CRISIS STABILIZATION UTILIZATION.—Not later than 1 year after the date of the enact-
ment of this Act, the Secretary shall submit to the appropriate congressional committees of jurisdiction a report addressing the utilization of facility-based crisis services, including the number of patients served, type and duration of facility-based services, linkage to community-based resources, and information on the total number of law enforcement drop-offs and other data relevant for diverting mental health and substance use disorder emergencies from law enforcement response.

SEC. 403. EXCELLENCE IN MENTAL HEALTH AND ADDICTION TREATMENT.

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

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

“(3) PLANNING GRANTS FOR ADDITIONAL STATES.—In addition to the planning grants awarded under paragraph (1), the Secretary shall award planning grants to States (other than States selected to conduct demonstration programs under paragraphs (1) or (8) of subsection (d)) for the purpose of developing proposals to participate in time-limited
demonstration programs described in subsection (d)."

(2) in subsection (d)—

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

(B) in paragraph (5)(C)(iii)(II), by inserting “or paragraph (9)” after “paragraph (8)”;

(C) in paragraph (7)—

(i) in subparagraph (A), by inserting “through the year in which the last demonstration under this section ends” after “annually thereafter”;

(ii) in subparagraph (B)—

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

(II) by adding at the end the following new sentence: “Such recommendations shall include data collected after 2019.”; and

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

“(C) FINAL EVALUATION.—Not later than 18 months after all demonstration programs
under this section have ended, the Secretary shall submit to Congress a final evaluation of such programs.”; and

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

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

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

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

“SEC. 553. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC EXPANSION GRANTS.

“(a) IN GENERAL.—The Assistant Secretary shall award grants to communities and community organizations that meet the criteria for certified community behav-
ioral health clinics under section 223(a) of the Protecting
Access to Medicare Act A of 2014. Grants awarded under
this subsection shall be for a period of not more than 5
years.

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

“(c) AUTHORIZATION OF APPROPRIATIONS.—

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

“(2) TECHNICAL ASSISTANCE.—For purposes
of carrying out the technical assistance program
under subsection (b), there are authorized to be ap-
propriated $5,000,000 for each of fiscal years 2022
through 2026.”.