

119TH CONGRESS
2D SESSION

H. R. 10280

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

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 3, 2026

Ms. MATSUI (for herself, Mr. FITZPATRICK, Mrs. TRAHAN, Ms. SCHRIER, Mr. BEYER, Ms. BARRAGÁN, Mr. CARTER of Louisiana, Ms. BALINT, Mr. RASKIN, Mr. GOLDMAN of New York, Mr. SMITH of Washington, Ms. SALINAS, Ms. MCCLELLAN, Mr. MOULTON, Mrs. DINGELL, and Mrs. WATSON COLEMAN) 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, Oversight and Government Reform, and Education and Workforce, 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 2026”.

(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. 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.

**TITLE I—SUBSTANCE ABUSE
AND MENTAL HEALTH SERVICES
ADMINISTRATION**

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

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

1 **“SEC. 520E-5. REGIONAL AND LOCAL LIFELINE CALL CEN-**
2 **TER PROGRAM.**

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

6 “(1) purchase or upgrade call center tech-
7 nology;

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

9 “(3) improve call center operations; and

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

11 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section
13 \$441,000,000 for fiscal year 2027, to remain available
14 until expended.”.

15 **SEC. 102. MENTAL HEALTH CRISIS RESPONSE PARTNER-**
16 **SHIP PILOT PROGRAM.**

17 Section 520F(e) of the Public Health Service Act (42
18 U.S.C. 290bb–37(e)) is amended by striking “section,
19 \$10,000,000 for each of fiscal years 2025 through 2029”
20 and inserting the following: “section—

21 “(1) \$10,000,000 for each of fiscal years 2025
22 and 2026; and

23 “(2) \$100,000,000 for each of fiscal years 2027
24 through 2029”.

1 **SEC. 103. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
2 **PAIGN.**

3 (a) NATIONAL SUICIDE PREVENTION LIFELINE PRO-
4 GRAM.—Section 520E–3 of the Public Health Service Act
5 (42 U.S.C. 290bb–36c) is amended—

6 (1) in subsection (b)—

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

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

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

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

15 “(6) improving awareness of the program, in-
16 cluding through targeted, age, and culturally appro-
17 priate outreach in schools and to the general public
18 more widely through advertisements in highly traf-
19 ficked areas or shared public spaces such as rail or
20 public transportation stations, on billboards, in sta-
21 diums, or other such highly visible areas; and”; and

22 (2) by amending subsection (f) to read as fol-
23 lows:

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated—

1 “(1) to carry out subsection (b)(4),
2 \$10,000,000 for each of fiscal years 2026 through
3 2030; and

4 “(2) to carry out this section, except for sub-
5 section (b)(4), \$101,621,000 for each of fiscal years
6 2023 through 2027.”.

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

11 **“SEC. 520E–5. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
12 **PAIGN.**

13 “(a) IN GENERAL.—

14 “(1) NATIONAL MEDIA CAMPAIGN.—Not later
15 than the date that is 3 years after the date of the
16 enactment of this section, the Secretary, in consulta-
17 tion with the Assistant Secretary and the Director
18 of the Centers for Disease Control and Prevention
19 (referred to in this section as the ‘Director’), shall
20 conduct a national suicide prevention media cam-
21 paign (referred to in this section as the ‘national
22 media campaign’), for purposes of—

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

1 “(B) educating families, friends, and com-
2 munities on how to address suicide and suicidal
3 thoughts, including when to encourage individ-
4 uals with suicidal risk to seek help; and

5 “(C) increasing awareness of suicide pre-
6 vention resources of the Centers for Disease
7 Control and Prevention and the Administration
8 (including the suicide prevention hotline main-
9 tained under section 520E–3), any suicide pre-
10 vention mobile application of the Centers for
11 Disease Control and Prevention or the 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, the administrator of the
18 suicide prevention hotline maintained under section
19 520E–3, State, local, Tribal, and territorial health
20 departments, primary health care providers, hos-
21 pitals with emergency departments, mental and be-
22 havioral health services providers, crisis response
23 services providers, first responders, suicide preven-
24 tion and mental health professionals, patient adv-
25 ocacy groups, survivors of suicide attempts, and rep-

1 representatives of television and social media platforms
2 in planning the national media campaign to be con-
3 ducted under paragraph (1).

4 “(b) TARGET AUDIENCES.—

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

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

18 “(c) USE OF FUNDS.—

19 “(1) REQUIRED USES.—

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

1 “(i) Testing and evaluation of adver-
2 tising.

3 “(ii) Evaluation of the effectiveness of
4 the national media campaign.

5 “(iii) Operational and management
6 expenses.

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

12 “(B) SPECIFIC REQUIREMENTS.—

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

22 “(ii) EVALUATION OF EFFECTIVENESS
23 OF NATIONAL MEDIA CAMPAIGN.—In eval-
24 uating the effectiveness of the national
25 media campaign under subparagraph

1 (A)(ii), the Secretary shall take into ac-
2 count—

3 “(I) the number of unique calls
4 that are made to the suicide preven-
5 tion hotline maintained under section
6 520E–3 and assess whether there are
7 any State and regional variations with
8 respect to the capacity to answer such
9 calls;

10 “(II) the number of unique en-
11 counters with suicide prevention and
12 support resources of the Centers for
13 Disease Control and Prevention and
14 the Administration and assess engage-
15 ment with such suicide prevention and
16 support resources;

17 “(III) whether the national
18 media campaign has contributed to in-
19 creased awareness that suicidal indi-
20 viduals should be engaged, rather
21 than ignored; and

22 “(IV) such other measures of
23 evaluation as the Secretary deter-
24 mines are appropriate.

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

5 “(A) Partnerships with professional and
6 civic groups, community-based organizations,
7 including faith-based organizations, and govern-
8 ment or Tribal organizations that the Secretary
9 determines have experience in suicide preven-
10 tion, including the Administration and the Cen-
11 ters for Disease Control and Prevention.

12 “(B) Entertainment industry outreach,
13 interactive outreach, media projects and activi-
14 ties, public information, news media outreach,
15 outreach through television programs, and cor-
16 porate sponsorship and participation.

17 “(3) PROHIBITION.—None of the funds made
18 available to carry out this section may be obligated
19 or expended for partisan political purposes, or to ex-
20 press advocacy in support of or to defeat any clearly
21 identified candidate, clearly identified ballot initia-
22 tive, or clearly identified legislative or regulatory
23 proposal.

24 “(d) REPORT TO CONGRESS.—Not later than 18
25 months after the date on which implementation of the na-

1 tional media campaign has begun, the Secretary, in coordi-
2 nation with the Assistant Secretary and the Director,
3 shall, with respect to the first year of the national media
4 campaign, submit to Congress a report that describes—

5 “(1) the strategy of the national media cam-
6 paign and whether specific objectives of such cam-
7 paign were accomplished, including whether such
8 campaign impacted the number of calls made to life-
9 line crisis centers and the capacity of such centers
10 to manage such calls;

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

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

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

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

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 el-
12 igible 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 crisis receiving and stabilization facility
20 or crisis call center that has a working relationship
21 with one or more local community mental health and
22 substance use organizations, community mental
23 health centers, and certified community behavioral
24 health clinics, or other local mental health and sub-

1 stance use care providers, including inpatient and
2 residential treatment 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, new
7 construction, and other capital improvement costs, includ-
8 ing the costs of amortizing the principal of, and paying
9 interest on, loans for such purposes.

10 “(d) DEFINITIONS.—In this section:

11 “(1) CRISIS RECEIVING AND STABILIZATION FA-
12 CILITY.—The term ‘crisis receiving and stabilization
13 facility’ means a freestanding, non-hospital facility
14 that—

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

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

24 “(C) provides crisis response services 24
25 hours per day, 7 days per week using a sliding

1 scale of payment, and neither rejects service nor
2 limits services on the basis of a patient's ability
3 to pay, place of residence, prior forensic engage-
4 ment, acuity of mental health or substance use
5 condition, intellectual or developmental dis-
6 ability, age or related factors;

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

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

13 “(2) CRISIS RESPONSE PROGRAM FACILITY.—

14 The term ‘crisis response program facility’ means a
15 facility used for the purposes of mental health or
16 substance use services that are furnished to an indi-
17 vidual, including children and adolescents, experi-
18 encing a mental health or substance use crisis by—

19 “(A) a mobile crisis response team;

20 “(B) a crisis receiving and stabilization fa-
21 cility;

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

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

1 “(3) MENTAL HEALTH AND SUBSTANCE USE
2 URGENT CARE FACILITY.—The term ‘mental health
3 and substance use urgent care facility’ means an
4 ambulatory facility in which individuals experiencing
5 a mental or behavioral health crisis may receive cri-
6 sis assessment services, crisis intervention services,
7 medication, and connection to other appropriate
8 services, without making an appointment prior to ar-
9 riving at the facility.

10 “(e) 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
16 332 of the Public Health Service Act (42 U.S.C. 254e)
17 is amended by adding at the end the following:

18 “(l) The Secretary shall collect and publish in the
19 Federal Register data comparing the availability and need
20 of crisis response services in health professional shortage
21 areas and in areas within such health professional short-
22 age areas, including—

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

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

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

8 (1) by amending subsection (b) to read as fol-
9 lows:

10 “(b) TRAINING COVERED.—The fellowships awarded
11 under subsection (a) shall be for postbaccalaureate train-
12 ing (including for master’s and doctoral degrees) for men-
13 tal and substance use disorder treatment professionals, in-
14 cluding—

15 “(1) in the fields of psychiatry, addiction medi-
16 cine, nursing, social work, psychology, marriage and
17 family therapy, mental health counseling, and sub-
18 stance use disorder and addiction counseling; and

19 “(2) in crisis management services (such as at
20 a crisis call center, as part of a mobile crisis team,
21 or at a crisis receiving and stabilization facility).”;
22 and

23 (2) by amending subsection (c) to read as fol-
24 lows:

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated—

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

6 “(2) for awarding fellowships described in sub-
7 section (b)(2), \$10,000,000 for each of fiscal years
8 2027 through 2031.”.

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

12 (1) in subsection (a)—

13 (A) in paragraph (1)—

14 (i) by inserting “or remote programs
15 that offer practicum hours” after “other
16 field placement programs”;

17 (ii) by inserting “(which may include
18 training or a field practicum employing
19 call, text, or chat responders for mental
20 health crisis lines)” after “social work”;
21 and

22 (iii) by inserting “crisis management
23 (such as at a crisis call center, as part of
24 a mobile crisis team, or through crisis re-
25 ceiving and stabilization program),” after

1 “occupational therapy (which may include
2 master’s and doctoral level programs),”;

3 (B) in paragraph (2), by inserting “and
4 providing crisis management services (such as
5 at a crisis call center, as part of a mobile crisis
6 team, or through crisis receiving and stabiliza-
7 tion program)” after “treatment services,”;

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

14 (D) in paragraph (4), by inserting “, in-
15 cluding for the provision of crisis management
16 services (such as at a crisis call center, as part
17 of a mobile crisis team, or through crisis receiv-
18 ing and stabilization program),” after “para-
19 professional field”; and

20 (2) by amending subsection (f) to read as fol-
21 lows:

22 “(f) AUTHORIZATION OF APPROPRIATIONS.—

23 “(1) IN GENERAL.—For each of fiscal years
24 2026 through 2030, there are authorized to be ap-

propriated to carry out this section \$50,000,000, to
be allocated as follows:

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

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

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

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

“(2) ADDITIONAL AUTHORIZATION FOR CRISIS
WORKFORCE DEVELOPMENT.—For each of fiscal
years 2027 through 2031, in addition to the
amounts under paragraph (1), there are authorized
to be appropriated to carry out this section with re-
spect to crisis workforce development \$10,000,000.”.

TITLE III—BEHAVIORAL HEALTH CRISIS SERVICES EXPANSION

SEC. 301. COVERAGE OF CRISIS RESPONSE SERVICES.

(a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

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

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

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

5 “(LL) crisis response services as defined in
6 subsection (ooo);”.

7 (2) CRISIS RESPONSE SERVICES DEFINED.—
8 Section 1861 of the Social Security Act (42 U.S.C.
9 1395x) is amended by adding at the end the fol-
10 lowing new subsection:

11 “(ooo) CRISIS RESPONSE SERVICES.—

12 “(1) IN GENERAL.—The term ‘crisis response
13 services’ means mental health or substance use serv-
14 ices that are furnished by a mobile crisis response
15 team, a crisis receiving and stabilization facility,
16 mental health or substance use urgent care facility,
17 or other appropriate provider, as determined by the
18 Secretary, to an individual, including children and
19 adolescents, experiencing a mental health or sub-
20 stance use crisis.

21 “(2) CRISIS RECEIVING AND STABILIZATION FA-
22 CILITY.—For purposes of paragraph (1), the term
23 ‘crisis receiving and stabilization facility’ means a
24 facility that—

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

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

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

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

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

1 “(3) MENTAL HEALTH AND SUBSTANCE USE
2 URGENT CARE FACILITY.—For purposes of para-
3 graph (1), the term ‘mental health and substance
4 use urgent care facility’ means an ambulatory facil-
5 ity where individuals experiencing a mental or be-
6 havioral health crisis may walk in without an ap-
7 pointment to receive crisis assessment services, crisis
8 intervention services, medication, and connection to
9 other appropriate services.”.

10 (3) PAYMENT.—

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

14 (i) by striking “and (HH)” and in-
15 serting “(HH)”; and

16 (ii) by inserting before the semicolon
17 at the end the following: “and (II) with re-
18 spect to crisis response services described
19 in section 1861(s)(2)(LL), the amounts
20 paid shall be 80 percent of the lesser of the
21 actual charge for the service or the amount
22 determined under the payment basis estab-
23 lished under section 1834(bb)”.

24 (B) ESTABLISHMENT OF PAYMENT
25 BASIS.—Section 1834 of the Social Security Act

1 (42 U.S.C. 1395m) is amended by adding at
2 the end the following new subsection:

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

8 (4) AMBULANCE TRANSPORT OF INDIVIDUALS
9 IN CRISIS.—

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

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

retary, as appropriate, for crisis response services described in section 1861(s)(2)(LL).”.

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

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

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

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

(2) in section 1905—

(A) in subsection (a)—

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

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

1 (iii) by inserting the following para-
2 graph after paragraph (31):

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

5 (3) PRESUMPTIVE ELIGIBILITY DETERMINA-
6 TION BY CRISIS RESPONSE SERVICE PROVIDERS.—
7 Section 1902(a)(47)(B) of the Social Security Act
8 (42 U.S.C. 1396a(a)(47)(B)) is amended by insert-
9 ing “or provider of crisis response services (as de-
10 fined in section 1861(ooo))” after “any hospital”.

11 (4) EFFECTIVE DATE.—

12 (A) IN GENERAL.—Except as provided in
13 subparagraph (B), the amendments made by
14 this section shall take effect on the date that is
15 3 years after the date of the enactment of this
16 Act.

17 (B) DELAY PERMITTED IF STATE LEGISLA-
18 TION REQUIRED.—In the case of a State plan
19 under title XIX of the Social Security Act (42
20 U.S.C. 1396 et seq.) which the Secretary of
21 Health and Human Services determines re-
22 quires State legislation (other than legislation
23 appropriating funds) in order for the plan to
24 meet the additional requirements imposed by
25 the amendments made by this section, the State

1 plan shall not be regarded as failing to comply
 2 with the requirements of such title solely on the
 3 basis of the failure of the plan to meet such ad-
 4 ditional requirements before the first day of the
 5 first calendar quarter beginning after the close
 6 of the first regular session of the State legisla-
 7 ture that begins after the date of enactment of
 8 this Act. For purposes of the previous sentence,
 9 in the case of a State that has a 2-year legisla-
 10 tive session, each year of such session shall be
 11 deemed to be a separate regular session of the
 12 State legislature.

13 (c) GROUP HEALTH PLANS AND HEALTH INSUR-
 14 ANCE ISSUERS.—

15 (1) PHSA.—Part D of title XXVII of the Pub-
 16 lic Health Service Act (42 U.S.C. 300gg–111 et
 17 seq.) is amended by adding at the end the following
 18 new section:

19 **“SEC. 2799A-12. REQUIRED COVERAGE OF CRISIS RE-**
 20 **SPONSE SERVICES.**

21 **“(a) IN GENERAL.—**A group health plan and a health
 22 insurance issuer offering group or individual health insur-
 23 ance coverage shall provide benefits under such plan or
 24 coverage for crisis response services (as defined in section
 25 1861(ooo) of the Social Security Act).

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

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

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

21 “(c) DEFINITIONS.—In this section, the terms ‘finan-
22 cial requirement’, ‘predominant’, and ‘treatment limita-
23 tion’ have the meaning given such terms in clauses (i)
24 through (iii), respectively, of section 2726(a)(3)(B), except

1 that the term ‘financial requirement’ shall include aggre-
 2 gate lifetime limits and annual limits.”.

3 (2) ERISA.—

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

9 **“SEC. 727. REQUIRED COVERAGE OF CRISIS RESPONSE**
 10 **SERVICES.**

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

16 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
 17 AND TREATMENT LIMITATIONS.—A group health plan
 18 and a health insurance issuer offering group health insur-
 19 ance coverage shall ensure that, with respect to services
 20 for which benefits are required to be provided under such
 21 plan or coverage under subsection (a)—

22 “(1) the financial requirements applicable to
 23 such services are no more restrictive than the pre-
 24 dominant financial requirements applied to substan-
 25 tially all medical and surgical benefits covered by the

1 plan or coverage and there are no separate cost-
 2 sharing requirements that are applicable only with
 3 respect to such services; and

4 “(2) the treatment limitations applicable to
 5 such items and services are no more restrictive than
 6 the predominant treatment limitations applied to
 7 substantially all medical and surgical benefits cov-
 8 ered by the plan or coverage and there are no sepa-
 9 rate treatment limitations that are applicable only
 10 with respect to such services.

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

17 (B) CLERICAL AMENDMENT.—The table of
 18 contents in section 1 of the Employee Retire-
 19 ment Income Security Act of 1974 (29 U.S.C.
 20 1001 note) is amended by inserting after the
 21 item relating to section 726 the following new
 22 item:

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

23 (3) IRC.—

24 (A) IN GENERAL.—Subchapter B of chap-
 25 ter 100 of the Internal Revenue Code of 1986

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

3 **“SEC. 9827. REQUIRED COVERAGE OF CRISIS RESPONSE**
4 **SERVICES.**

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

9 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
10 AND TREATMENT LIMITATIONS.—A group health plan
11 shall ensure that, with respect to services for which bene-
12 fits are required to be provided under such plan under
13 subsection (a)—

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

21 “(2) the treatment limitations applicable to
22 such items and services are no more restrictive than
23 the predominant treatment limitations applied to
24 substantially all medical and surgical benefits cov-
25 ered by the plan and there are no separate treat-

1 ment limitations that are applicable only with re-
2 spect to such services.

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

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

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

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

17 (d) TRICARE COVERAGE.—

18 (1) IN GENERAL.—The Secretary of Defense
19 shall provide coverage under the TRICARE program
20 for crisis response services, as defined in section
21 1861(ooo) of the Social Security Act (42 U.S.C.
22 1395x).

23 (2) TRICARE PROGRAM DEFINED.—In this
24 section, the term “TRICARE program” has the

1 meaning given the term in section 1072 of title 10,
2 United States Code.

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

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

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

11 “(4) The term ‘crisis response services’ has the
12 meaning given such term in subsection (ooo) of sec-
13 tion 1861 of the Social Security Act (42 U.S.C.
14 1395x).”.

15 (f) COVERAGE UNDER FEHB.—

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

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

23 (2) EFFECTIVE DATE.—The amendment made
24 by paragraph (1) shall apply beginning with respect
25 to the third contract year for chapter 89 of title 5,

1 United States Code, that begins on or after the date
2 that is 3 years after the date of enactment of this
3 Act.

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

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

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

11 (3) by adding at the end the following new sub-
12 paragraph:

13 “(C) beginning on the date that is 3 years
14 after the date of the enactment of this subpara-
15 graph, crisis response services (as defined in
16 section 1861(ooo)).”.

17 **SEC. 302. INCIDENT REPORTING.**

18 (a) ESTABLISHMENT OF PANEL.—The Secretary of
19 Health and Human Services (referred to in this section
20 as the “Secretary”), in consultation with the Attorney
21 General, shall convene a panel (referred to in this section
22 as the “panel”) to issue recommendations relating to the
23 training requirements and protocols for 9–1–1 dis-
24 patches.

1 (b) PURPOSE OF RECOMMENDATIONS.—The purpose
2 of the recommendations to be issued under subsection (a)
3 shall be to ensure that 9–1–1 dispatchers respond appro-
4 priately to individuals experiencing a behavioral health cri-
5 sis based on the characteristics of the incident and the
6 needs of the caller.

7 (c) MEMBERSHIP.—

8 (1) APPOINTMENT.—The panel shall be com-
9 posed of members to be appointed by the Secretary
10 and shall include—

11 (A) psychiatrists;

12 (B) paramedics and other emergency med-
13 ical services personnel;

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

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

19 (E) members of underserved communities;

20 (F) representatives of Tribes or Tribal or-
21 ganizations;

22 (G) individuals with experience treating in-
23 dividuals with serious mental illness or post-
24 traumatic stress disorder, including veterans
25 and servicemembers; and

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

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

6 (d) RECOMMENDATIONS.—

7 (1) CONSIDERATIONS.—In making rec-
8 ommendations under subsection (a), the panel shall
9 consider—

10 (A) connecting 9–1–1 callers to crisis care
11 services instead of responding with law enforce-
12 ment officers;

13 (B) integrating the 9–8–8 system into the
14 9–1–1 system, or transferring calls from the 9–
15 1–1 system to the 9–8–8 system as appropriate;

16 (C) a process for—

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

21 (ii) evaluating the level of need of
22 such callers, as defined by relevant, stand-
23 ardized assessment tools such as the Level
24 of Care Utilization System (LOCUS), the
25 Child and Adolescent Level of Care Utili-

1 zation System (CALOCUS), and the
2 American Society of Addiction Medicine
3 (ASAM) Criteria; and

4 (D) establishing training, staffing, and
5 protocol requirements, including the measures
6 described in paragraph (2), to ensure that 9–1–
7 1 and 9–8–8 dispatch personnel are equipped to
8 respond appropriately to the individuals re-
9 ferred to in subparagraphs (E) through (H) of
10 subsection (c)(1).

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

14 (A) training of dispatch personnel on cul-
15 tural competency, implicit bias, and evidence-
16 based best practices for individuals experiencing
17 a behavioral or mental health crisis; and

18 (B) procedures designed to recruit, retain,
19 or designate as dispatch personnel those indi-
20 viduals that have specialized training or dem-
21 onstrated experience in—

22 (i) serving rural or medically under-
23 served communities; or

1 (ii) serving individuals with serious
2 mental illness or post-traumatic stress dis-
3 order.

4 (3) COORDINATION WITH SAMHSA.—In devel-
5 oping recommendations under paragraph (1), the
6 panel shall coordinate with the Assistant Secretary
7 for Mental Health and Substance Use for the pur-
8 pose of ensuring consistency across Federal behav-
9 ioral health crisis response systems, including align-
10 ment of—

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

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

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

21 (e) DATA COLLECTION AND REPORTING STAND-
22 ARDS.—

23 (1) IN GENERAL.—The panel shall develop data
24 collection and reporting standards for use by the
25 Secretary in collecting and assessing outcomes for

1 individuals who contact 9–1–1 or 9–8–8 systems, in-
2 cluding—

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

5 (B) the frequency of law enforcement in-
6 volvement in such responses; and

7 (C) any disparities in response times, re-
8 ferrals, or outcomes compared to the general
9 population or between different types of popu-
10 lations.

11 (2) PRIVACY.—In developing the standards
12 under paragraph (1), the panel shall ensure that
13 data is collected in a manner that protects caller pri-
14 vacy and confidentiality.

15 (3) COORDINATION.—In developing the stand-
16 ards under paragraph (1), the panel shall coordinate
17 with entities participating in the National 911 Pro-
18 gram, including—

19 (A) the National Highway Traffic Safety
20 Administration;

21 (B) the Federal Communications Commis-
22 sion;

23 (C) the Cybersecurity and Infrastructure
24 Security Agency;

1 (D) the National Telecommunications and
 2 Information Administration; and

3 (E) State and local agencies operating 9–
 4 1–1 call centers.

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

10 (g) NONAPPLICABILITY OF TERMINATION PROVI-
 11 SION.—Section 1013(a)(2) of title 5, United States Code
 12 (relating to the termination of advisory committees), shall
 13 not apply to the Commission.

14 **TITLE IV—MEDICAID**

15 **AMENDMENTS**

16 **SEC. 401. REVISIONS TO THE STATE OPTION TO PROVIDE**

17 **QUALIFYING COMMUNITY-BASED MOBILE**

18 **CRISIS INTERVENTION SERVICES AND OTHER**

19 **SERVICES UNDER STATE PLANS UNDER THE**

20 **MEDICAID PROGRAM.**

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

23 (1) in subsection (a)—

1 (A) by striking “for qualifying community-
2 based mobile crisis intervention services” and
3 inserting “for—

4 “(1) qualifying community-based mobile crisis
5 intervention services;

6 “(2) regional and local lifeline call center oper-
7 ations; and

8 “(3) services furnished by crisis receiving and
9 stabilization facilities.”; and

10 (B) by striking “during the 5-year period”;
11 (2) in subsection (c)—

12 (A) by striking “85 percent.” and inserting
13 the following: “85 percent, and for medical as-
14 sistance for items described in paragraphs (2)
15 and (3) of subsection (a) furnished during such
16 quarter shall be equal to 85 percent.”; and

17 (B) by striking “occurring during the pe-
18 riod described in subsection (a) that a State”
19 and inserting “in which a State provides med-
20 ical assistance for qualifying community-based
21 mobile crisis intervention services under this
22 section and”;

23 (3) in subsection (d)(2)—

24 (A) in subparagraph (A), by striking “for
25 the fiscal year preceding the first fiscal quarter

1 occurring during the period described in sub-
2 section (a)” and inserting “for the fiscal year
3 preceding the first fiscal quarter in which the
4 State provides medical assistance for qualifying
5 community-based mobile crisis intervention
6 services under this section”; and

7 (B) in subparagraph (B), by striking “oc-
8 ccurring during the period described in sub-
9 section (a)” and inserting “occurring during a
10 fiscal quarter”;

11 (4) in subsection (e), by adding at the end at
12 the following new sentence: “There is appropriated,
13 out of any funds in the Treasury not otherwise ap-
14 propriated, \$5,000,000 to the Secretary for the pur-
15 poses described in the preceding sentence to remain
16 available until expended.”; and

17 (5) by adding at the end the following new sub-
18 section:

19 “(f) DEFINITION.—In this section, the term ‘crisis
20 receiving and stablization facility’ means a facility that—

21 “(1) qualifies for licensure or certification as a
22 crisis receiving and stabilization facility, pursuant to
23 State law of the State in which such facility fur-
24 nishes the crisis response services;

1 “(2) provides 23-hour observation and assess-
 2 ment chairs or beds and 48-hour crisis stabilization
 3 psychiatric beds inclusive of withdrawal management
 4 and 24-hour medical monitoring;

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

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

15 “(5) maintains an average length of stay of less
 16 than 150 hours.”.

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

21 **SEC. 402. REVISIONS TO THE IMD EXCLUSION UNDER MED-**
 22 **ICAID.**

23 (a) IN GENERAL.—Section 1905 of the Social Secu-
 24 rity Act (42 U.S.C. 1396d) is amended—

25 (1) in subsection (i)—

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

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

6 “(2) Beginning the day after the date of the en-
7 actment of this paragraph, the term ‘institution for
8 mental diseases’ does not include—

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

14 “(B) a community mental health center
15 that meets the criteria specified in section
16 1913(c) of the Public Health Service Act;

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

19 “(D) a mental health and substance use
20 urgent care facility (as defined in subsection
21 (ll)(2)).”; and

22 (2) by adding at the end the following new sub-
23 section:

1 “(II) CRISIS RECEIVING AND STABILIZATION FACIL-
2 ITY; MENTAL HEALTH AND SUBSTANCE USE URGENT
3 CARE FACILITY.—

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

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

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

12 “(C) provides patients with, at a minimum,
13 23 hours of observation and assessment serv-
14 ices, followed by 48 hours of crisis stabilization
15 services (including withdrawal management and
16 24-hour medical monitoring);

17 “(D) does not deny or limit services on the
18 basis of a patient’s ability to pay, place of resi-
19 dence, prior engagement with the criminal jus-
20 tice system, acuity of mental health or sub-
21 stance use condition, intellectual or develop-
22 mental disability, age, or related factors;

23 “(E) applies a schedule of discounts to the
24 payment of fees or charges for the provision of

1 its services, which are adjusted on the basis of
2 the patient’s ability to pay;

3 “(F) accepts patient referrals from law en-
4 forcement officers, emergency medical per-
5 sonnel, and family members; and

6 “(G) maintains an average length of stay
7 of less than 150 hours.

8 “(2) MENTAL HEALTH AND SUBSTANCE USE
9 URGENT CARE FACILITY.—For purposes of sub-
10 section (i)(2), the term ‘mental health and substance
11 use urgent care facility’ means a facility where indi-
12 viduals experiencing a mental or behavioral health
13 crisis may walk in without an appointment to receive
14 crisis assessment services, crisis intervention serv-
15 ices, medication, and connection to other appropriate
16 services.”.

17 (b) GUIDANCE.—Not later than 180 days after the
18 date of enactment of this section, the Secretary of Health
19 and Human Services shall issue guidance to States relat-
20 ing to the implementation of the amendments made by
21 subsection (a).

22 (c) REPORT.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date of the enactment of this section, the Sec-
25 retary, in collaboration with the Attorney General

1 and any other relevant Federal officials (as deter-
2 mined by the Secretary), shall submit to Congress a
3 report that includes the following:

4 (A) Information with respect to the utiliza-
5 tion of crisis receiving and stabilization facilities
6 during the period following such date of enact-
7 ment, including—

8 (i) the number of patients served;

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

11 (iii) the number of referrals to com-
12 munity-based outpatient care;

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

16 (v) any other data relevant to assess-
17 ing the ability for these facilities to divert
18 mental health and substance use disorder
19 emergencies from law enforcement re-
20 sponse.

21 (B) An analysis of the extent to which ac-
22 cess to crisis receiving and stabilization facili-
23 ties is associated with—

24 (i) reduced admissions to hospital
25 emergency rooms;

1 (ii) adverted admissions and readmis-
2 sions to psychiatric hospitals and other fa-
3 cilities defined as Institutions for Mental
4 Diseases; and

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

8 (2) CRISIS RECEIVING AND STABILIZATION FA-
9 CILITY DEFINED.—In this subsection, the term “cri-
10 sis receiving and stabilization facility” has the mean-
11 ing given such term in subsection (ll) of section
12 1905 of the Social Security Act (42 U.S.C. 1396d).

○