

119TH CONGRESS
2D SESSION

H. R. 10287

To amend title V of the Public Health Service Act and title XIX of the Social Security Act to promote access to mental health crisis response services.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 3, 2026

Ms. SCHRIER (for herself, Mr. VALADAO, Mr. SMITH of Washington, Mr. FITZPATRICK, Ms. MATSUI, Mrs. TRAHAN, Ms. MCCLELLAN, and Ms. BARRAGÁN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title V of the Public Health Service Act and title XIX of the Social Security Act to promote access to mental health crisis response services.

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 This Act may be cited as the “9-8-8 Crisis Response
5 Act”.

6 **SEC. 2. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP**
7 **PILOT PROGRAM.**

8 Section 520F(e) of the Public Health Service Act (42
9 U.S.C. 290bb–37(e)) is amended by striking “section,

1 \$10,000,000 for each of fiscal years 2025 through 2029”

2 and inserting the following: “section—

3 “(1) \$10,000,000 for each of fiscal years 2025

4 and 2026; and

5 “(2) \$100,000,000 for each of fiscal years 2027

6 through 2029”.

7 **SEC. 3. REVISIONS TO THE STATE OPTION TO PROVIDE**

8 **QUALIFYING COMMUNITY-BASED MOBILE**

9 **CRISIS INTERVENTION SERVICES AND OTHER**

10 **SERVICES UNDER STATE PLANS UNDER THE**

11 **MEDICAID PROGRAM.**

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

14 (1) in subsection (a)—

15 (A) by striking “for qualifying community-
16 based mobile crisis intervention services” and
17 inserting “for—

18 “(1) qualifying community-based mobile crisis
19 intervention services;

20 “(2) regional and local lifeline call center oper-
21 ations; and

22 “(3) services furnished by crisis receiving and
23 stabilization facilities.”; and

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

25 (2) in subsection (c)—

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

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

12 (3) in subsection (d)(2)—

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

21 (B) in subparagraph (B), by striking “oc-
22 ccurring during the period described in sub-
23 section (a)” and inserting “occurring during a
24 fiscal quarter”;

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

7 (5) by adding at the end the following new sub-
8 section:

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

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

15 “(2) provides 23-hour observation and assess-
16 ment chairs or beds and 48-hour crisis stabilization
17 psychiatric beds inclusive of withdrawal management
18 and 24-hour medical monitoring;

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

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

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

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

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