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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

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

Ms. SCHRIER introduced the following bill; which was referred to the Committee on _____

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.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''9-8-8 Crisis Response Act''.

SEC. 2. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.

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

''(1) $10,000,000 for each of fiscal years 2025 and 2026; and

''(2) $100,000,000 for each of fiscal years 2027 through 2029''.

SEC. 3. 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) services furnished by crisis receiving and stabilization facilities.''; 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 period described in subsection (a) that a State'' and inserting ''in which a State provides medical assistance for qualifying community-based mobile crisis intervention services under this section and'';

(3) 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 subsection (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 ''occurring during the period described in subsection (a)'' and inserting ''occurring during a fiscal quarter'';

(4) 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 appropriated, $5,000,000 to the Secretary for the purposes described in the preceding sentence to remain available until expended.''; and

(5) by adding at the end the following new subsection:

''(f) DEFINITION.—In this section, the term 'crisis receiving and stabliziation facility' means a facility that—

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

''(2) provides 23-hour observation and assessment chairs or beds and 48-hour crisis stabilization psychiatric beds inclusive of withdrawal management and 24-hour medical monitoring;

''(3) provides such services 24-hours per days, 7 days per week using a sliding scale of payment, and neither rejects service nor limits services on the

basis of a patient's ability to pay, place of residence, prior forensic engagement, acuity of mental health or substance use condition, intellectual or developmental disability, age or related factors;

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

''(5) maintains an average length of stay of less than 150 hours.''.

(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).