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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. 7232

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

IN THE HOUSE OF REPRESENTATIVES

Mr. CÁRDENAS introduced the following bill; which was referred to the Committee on _____

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 (a) SHORT TITLE.—This Act may be cited as the “9-
5 8-8 and Parity Assistance Act of 2022”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title.

TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION

- Sec. 101. Behavioral Health Crisis Coordinating Office.
- Sec. 102. Regional and local lifeline call center program.
- Sec. 103. Mental Health Crisis Response Partnership Pilot Program.
- Sec. 104. 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. Crisis response continuum of care.

TITLE IV—MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY IMPLEMENTATION

- Sec. 401. Grants to support mental health and substance use disorder parity implementation.

1 **TITLE I—SUBSTANCE ABUSE**
 2 **AND MENTAL HEALTH SERV-**
 3 **ICES ADMINISTRATION**

4 **SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**
 5 **FICE.**

6 Part A of title V of the Public Health Service Act
 7 (42 U.S.C. 290aa et seq.) is amended by adding at the
 8 end the following:

9 **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**
 10 **OFFICE.**

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

1 and the Health Resources and Services Administration
2 and external stakeholders.

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

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

7 “(2) launch and manage Federal workgroups
8 charged with making recommendations regarding be-
9 havioral health crisis financing, workforce, equity,
10 data, and technology, program oversight, public
11 awareness, and engagement; and

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

19 “(A) the National Suicide Prevention and
20 Mental Health Crisis Hotline and Response
21 System;

22 “(B) community mental health centers (as
23 defined in section 1861(ff)(3)(B) of the Social
24 Security Act);

1 “(C) certified community behavioral health
2 clinics, as described in section 223 of the Pro-
3 tecting Access to Medicare Act of 2014; and

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

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section
8 \$10,000,000 for each of fiscal years 2023 through 2027.”.

9 **SEC. 102. REGIONAL AND LOCAL LIFELINE CALL CENTER**
10 **PROGRAM.**

11 Part B of title V of the Public Health Service Act
12 (42 U.S.C. 290bb et seq.) is amended by inserting after
13 section 520E-4 (42 U.S.C. 290bb-36d) the following:

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

16 “(a) IN GENERAL.—The Secretary shall award
17 grants to crisis call centers described in section 302(e)(1)
18 of the 9-8-8 Implementation and Parity Assistance Act of
19 2022 to—

20 “(1) purchase or upgrade call center tech-
21 nology;

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

23 “(3) improve call center operations; and

24 “(4) hiring of call center staff.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$441,000,000 for fiscal year 2023, to remain available
4 until expended.”.

5 **SEC. 103. MENTAL HEALTH CRISIS RESPONSE PARTNER-**
6 **SHIP PILOT PROGRAM.**

7 Title V of the Public Health Service Act is amended
8 (42 U.S.C. 290aa) by inserting after section 520F (42
9 U.S.C. 290bb–37) the following:

10 **“SEC. 520F-1. MENTAL HEALTH CRISIS RESPONSE PART-**
11 **NERSHIP PILOT PROGRAM.**

12 “(a) IN GENERAL.—The Secretary shall establish a
13 pilot program under which the Secretary will award com-
14 petitive grants to eligible entities to establish new, or en-
15 hance existing, mobile crisis response teams that divert the
16 response for mental health and substance use crises from
17 law enforcement to mobile crisis teams, as described in
18 subsection (b).

19 “(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile
20 crisis team described in this subsection is a team of indi-
21 viduals—

22 “(1) that is available to respond to individuals
23 in crisis and provide immediate stabilization, refer-
24 rals to community-based mental health and sub-

1 stance use disorder services and supports, and triage
2 to a higher level of care if medically necessary;

3 “(2) which may include licensed counselors,
4 clinical social workers, physicians, paramedics, crisis
5 workers, peer support specialists, or other qualified
6 individuals; and

7 “(3) which may provide support to divert be-
8 havioral health crisis calls from the 9–1–1 system to
9 the 9–8–8 system.

10 “(c) PRIORITY.—In awarding grants under this sec-
11 tion, the Secretary shall prioritize applications which ac-
12 count for the specific needs of the communities to be
13 served, including children and families, veterans, rural and
14 underserved populations, and other groups at increased
15 risk of death from suicide or overdose.

16 “(d) REPORT.—

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

1 “(2) PROGRESS REPORTS.—Not later than one
2 year after the date on which the first grant is
3 awarded to carry out this section, and for each year
4 thereafter, the Secretary shall submit to Congress a
5 report on the grants made during the year covered
6 by the report, which shall include—

7 “(A) data on the teams and people served
8 by such programs, including demographic infor-
9 mation of individuals served, volume and types
10 of service utilization, linkage to community-
11 based resources and diversion from law enforce-
12 ment settings, data consistent with the State
13 block grant requirements for continuous evalua-
14 tion and quality improvement, and other rel-
15 evant data as determined by the Secretary; and

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

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

21 “(ii) improvements to the program es-
22 tablished under this section.

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

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

4 “(2) Certified community behavioral health clin-
5 ics described in section 223 of the Protecting Access
6 to Medicare Act of 2014.

7 “(3) An entity that operates citywide, Tribal-
8 wide, or county-wide crisis response systems, includ-
9 ing cities, counties, Tribes, or a department or agen-
10 cy of a city, county, or Tribe, including departments
11 or agencies of social services, disability services,
12 health services, public health, or mental health and
13 substance disorder services.

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

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

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

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

6 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated to carry out this section
8 \$100,000,000 for each of fiscal years 2023 through
9 2027.”.

10 **SEC. 104. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
11 **PAIGN.**

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

15 **“SEC. 520N. NATIONAL SUICIDE PREVENTION MEDIA CAM-**
16 **PAIGN.**

17 “(a) NATIONAL SUICIDE PREVENTION MEDIA CAM-
18 PAIGN.—

19 “(1) IN GENERAL.—Not later than the date
20 that is 3 years after the date of the enactment of
21 this Act, the Secretary, in consultation with the As-
22 sistant Secretary for Mental Health and Substance
23 Use and the Director of the Centers for Disease
24 Control and Prevention (referred to in this section
25 as the ‘Director’), shall conduct a national suicide

1 prevention media campaign (referred to in this sec-
2 tion as the ‘national media campaign’), for purposes
3 of—

4 “(A) preventing suicide in the United
5 States;

6 “(B) educating families, friends, and com-
7 munities on how to address suicide and suicidal
8 thoughts, including when to encourage individ-
9 uals with suicidal risk to seek help; and

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

21 “(2) ADDITIONAL CONSULTATION.—In addition
22 to consulting with the Assistant Secretary and the
23 Director under this section, the Secretary shall con-
24 sult with, as appropriate, State, local, Tribal, and
25 territorial health departments, primary health care

1 providers, hospitals with emergency departments,
2 mental and behavioral health services providers, cri-
3 sis response services providers, paramedics, law en-
4 forcement, suicide prevention and mental health pro-
5 fessionals, patient advocacy groups, survivors of sui-
6 cide attempts, and representatives of television and
7 social media platforms in planning the national
8 media campaign to be conducted under paragraph
9 (1).

10 “(b) TARGET AUDIENCES.—

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

19 “(2) TARGETING CERTAIN LOCAL AREAS.—The
20 Secretary shall, to the maximum extent practicable,
21 use amounts made available under subsection (f) for
22 media that targets certain local areas or populations
23 at disproportionate risk for suicide.

24 “(c) USE OF FUNDS.—

25 “(1) REQUIRED USES.—

1 “(A) IN GENERAL.—The Secretary shall, if
2 reasonably feasible with the funds made avail-
3 able under subsection (f), carry out the fol-
4 lowing, with respect to the national media cam-
5 paign:

6 “(i) Testing and evaluation of adver-
7 tising.

8 “(ii) Evaluation of the effectiveness of
9 the national media campaign.

10 “(iii) Operational and management
11 expenses.

12 “(iv) The creation of an educational
13 toolkit for television and social media plat-
14 forms to use in discussing suicide and rais-
15 ing awareness about how to prevent sui-
16 cide.

17 “(B) SPECIFIC REQUIREMENTS.—

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

1 out the purposes of the national media
2 campaign.

3 “(ii) EVALUATION OF EFFECTIVENESS
4 OF NATIONAL MEDIA CAMPAIGN.—In eval-
5 uating the effectiveness of the national
6 media campaign under subparagraph
7 (A)(ii), the Secretary shall—

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

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

24 “(III) assess whether the na-
25 tional media campaign has contrib-

1 uted to increased awareness that sui-
2 cidal individuals should be engaged,
3 rather than ignored; and

4 “(IV) take into account such
5 other measures of evaluation as the
6 Secretary determines are appropriate.

7 “(2) OPTIONAL USES.—The Secretary may use
8 amounts made available under subsection (f) for the
9 following, with respect to the national media cam-
10 paign:

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

19 “(B) Entertainment industry outreach,
20 interactive outreach, media projects and activi-
21 ties, the dissemination of public information,
22 news media outreach, outreach through tele-
23 vision programs, and corporate sponsorship and
24 participation.

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

4 “(1) To supplant Federal suicide prevention
5 campaigns in effect as of the date of the enactment
6 of this section.

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

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

18 “(1) the strategy of the national media cam-
19 paign and whether specific objectives of such cam-
20 paign were accomplished, including whether such
21 campaign impacted the number of calls made to life-
22 line crisis centers and the capacity of such centers
23 to manage such calls;

24 “(2) steps taken to ensure that the national
25 media campaign operates in an effective and effi-

1 cient manner consistent with the overall strategy
2 and focus of the national media campaign;

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

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

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

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
13 purposes of carrying out this section, there is authorized
14 to be appropriated \$10,000,000 for each of fiscal years
15 2022 through 2026.”.

16 **TITLE II—HEALTH RESOURCES** 17 **AND SERVICES ADMINISTRA-** 18 **TION**

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

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

23 **“SEC. 3300. HEALTH CENTER CAPITAL GRANTS.**

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

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

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

9 “(2) a mental health and substance use crisis
10 receiving and stabilization program and crisis call
11 center described in section 302(c)(1) of the 9-8-8
12 Implementation and Parity Assistance Act of 2022
13 that have a working relationship with one or more
14 local community mental health and substance use
15 organizations, community mental health centers, and
16 certified community behavioral health clinics, or
17 other local mental health and substance use care
18 providers, including inpatient and residential treat-
19 ment settings.

20 “(c) USE OF FUNDS.—Amounts made available to a
21 recipient of a grant or cooperative agreement pursuant to
22 subsection (a) shall be used for crisis response program
23 facility alteration, renovation, remodeling, expansion, con-
24 struction, and other capital improvement costs, including

1 the costs of amortizing the principal of, and paying inter-
2 est on, loans for such purposes.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 \$1,000,000,000, to remain available until expended.”.

6 **SEC. 202. EXPANDING BEHAVIORAL HEALTH WORKFORCE**
7 **TRAINING PROGRAMS.**

8 Section 756 of the Public Health Service Act (42
9 U.S.C. 294e–1) is amended—

10 (1) in subsection (a)—

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

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

21 (C) in paragraph (3), by inserting “and
22 providing crisis management services (such as
23 at a crisis call center, as part of a mobile crisis
24 team, or through crisis receiving and stabiliza-

1 tion program),” after “behavioral health serv-
2 ices”; and

3 (D) in paragraph (4), by inserting “includ-
4 ing for the provision of crisis management serv-
5 ices (such as at a crisis call center, as part of
6 a mobile crisis team, or through crisis receiving
7 and stabilization program),” after “paraprofes-
8 sional field”;

9 (2) in subsection (d)(2), by inserting “or that
10 emphasize training in crisis management and meet-
11 ing the crisis needs of diverse populations specified
12 in (b)(2), including effective outreach and engage-
13 ment” after “partnerships”; and

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

15 “(g) **ADDITIONAL FUNDING.**—

16 “(1) **IN GENERAL.**—For each of fiscal years
17 2023 through 2027, in addition to funding made
18 available under subsection (f), there are authorized
19 to be appropriated \$15,000,000 for workforce devel-
20 opment for crisis management, as specified in para-
21 graphs (1) through (4) of subsection (a).

22 “(2) **PRIORITY.**—In making grants for the pur-
23 pose specified in paragraph (1), the Secretary shall
24 give priority to programs demonstrating effective re-
25 cruitment and retention efforts for individuals and

1 groups from different racial, ethnic, cultural, geo-
2 graphic, religious, linguistic, and class backgrounds,
3 and different genders and sexual orientations, as
4 specified in subsection (b)(2).”.

5 **TITLE III—BEHAVIORAL HEALTH**
6 **CRISIS SERVICES EXPANSION**

7 **SEC. 301. CRISIS RESPONSE CONTINUUM OF CARE.**

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

12 **“SEC. 5200. CRISIS RESPONSE CONTINUUM OF CARE.**

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

20 “(b) REQUIREMENTS.—

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

23 “(A) minimum requirements of core crisis
24 services, as determined by the Secretary, to in-

1 clude requirements that each entity that fur-
2 nishes such services should—

3 “(i) not require prior authorization
4 from an insurance provider nor referral
5 from a health care provider prior to the de-
6 livery of services;

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

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

12 “(iv) provide care and support
13 through resources described in paragraph
14 (2)(A) until the individual has been sta-
15 bilized or transfer the individual to the
16 next level of crisis care; and

17 “(B) psychiatric stabilization, including the
18 point at which a case may be closed for—

19 “(i) individuals screened over the
20 phone; and

21 “(ii) individuals stabilized on the
22 scene by mobile teams.

23 “(2) IDENTIFICATION OF ESSENTIAL FUNC-
24 TIONS.—The Secretary shall identify the essential

1 functions of each service in the crisis response con-
2 tinuum, which shall include at least the following:

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

7 “(B) Delineation of access and entry
8 points to services within the crisis response con-
9 tinuum.

10 “(C) Development of and adherence to pro-
11 tocols and agreements for the transfer and re-
12 ceipt of individuals to and from other segments
13 of the crisis response continuum segments as
14 needed, and from outside referrals including
15 health care providers, law enforcement, EMS,
16 fire, education institutions, and community-
17 based organizations.

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

24 “(E) Requirements for the convening of
25 collaborative meetings of crisis response service

1 providers, first responders, such as paramedics
2 and law enforcement, and community partners
3 (including National Suicide Prevention Lifeline
4 or 9–8–8 call centers, 9–1–1 public service an-
5 swering points, and local mental health and
6 substance use disorder treatment providers) op-
7 erating in a common region for the discussion
8 of case management, best practices, and general
9 performance improvement.

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

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

14 “(B) appropriate timely response; and

15 “(C) capacity to meet the needs of dif-
16 ferent patient populations who may experience
17 a mental health or substance use crisis, includ-
18 ing children, families, and all age groups, cul-
19 tural and linguistic minorities, individuals with
20 co-occurring mental health and substance use
21 disorders, individuals with cognitive disabilities,
22 individuals with developmental delays, and indi-
23 viduals with chronic medical conditions and
24 physical disabilities.

1 “(4) OVERSIGHT AND ACCREDITATION.—The
2 Secretary shall designate entities charged with the
3 oversight and accreditation of entities within the cri-
4 sis response continuum.

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

9 “(6) DATA COLLECTION AND EVALUATIONS.—

10 “(A) IN GENERAL.—The Secretary, di-
11 rectly or through grants, contracts, or inter-
12 agency agreements, shall collect data and con-
13 duct evaluations with respect to the provision of
14 services and programs offered on the crisis re-
15 sponse continuum for purposes of assessing the
16 extent to which the provision of such services
17 and programs meet certain objectives and out-
18 comes measures as determined by the Sec-
19 retary. Such objectives shall include—

20 “(i) a reduction in reliance on law en-
21 forcement response to individuals in crisis
22 who would be more appropriately served by
23 a mobile crisis team capable of responding
24 to mental health and substance related cri-
25 ses;

1 “(ii) a reduction in boarding or ex-
2 tended holding of patients in emergency
3 room facilities who require further psy-
4 chiatric care, including care for substance
5 use disorders;

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

9 “(iv) evidence of adequate linkage to
10 appropriate post-crisis care and longitu-
11 dinal treatment for mental health or sub-
12 stance use disorder when relevant.

13 “(B) RULEMAKING.—The Secretary shall
14 carry out this subsection through notice and
15 comment rulemaking, following a request for in-
16 formation from stakeholders.

17 “(c) COMPONENTS OF CRISIS RESPONSE CON-
18 TINUUM.—The crisis response continuum consists of at
19 least the following components:

20 “(1) CRISIS CALL CENTERS.—Regional clini-
21 cally managed crisis call centers that provide tele-
22 phonic crisis intervention capabilities. Such centers
23 should meet National Suicide Prevention Lifeline
24 operational guidelines regarding suicide risk assess-

1 ment and engagement and offer air traffic control-
2 quality coordination of crisis care in real-time.

3 “(2) MOBILE CRISIS RESPONSE TEAM.—Teams
4 of providers that are available to reach any indi-
5 vidual in the service area in their home, workplace,
6 school, physician’s office or outpatient treatment set-
7 ting, or any other community-based location of the
8 individual in crisis in a timely manner.

9 “(3) CRISIS RECEIVING AND STABILIZATION FA-
10 CILITIES.—Subacute inpatient facilities and other
11 facilities specified by the Secretary that provide
12 short-term observation and crisis stabilization serv-
13 ices to all referrals, including the following services:

14 “(A) 23-HOUR CRISIS STABILIZATION
15 SERVICES.—A direct care service that provides
16 individuals in severe distress with up to 23 con-
17 secutive hours of supervised care to assist with
18 deescalating the severity of their crisis or need
19 for urgent care in a subacute inpatient setting.

20 “(B) SHORT-TERM CRISIS RESIDENTIAL
21 SERVICES.—A direct care service that assists
22 with deescalating the severity of an individual’s
23 level of distress or need for urgent care associ-
24 ated with a substance use or mental health dis-
25 order in a residential setting.

1 “(4) MENTAL HEALTH AND SUBSTANCE USE
2 URGENT CARE FACILITIES.—Ambulatory services
3 available 12–24 hours per day, 7 days a week, where
4 individuals experiencing crisis can walk in without
5 an appointment to receive crisis assessment, crisis
6 intervention, medication, and connection to con-
7 tinuity of care.

8 “(5) ADDITIONAL FACILITIES AND PRO-
9 VIDERS.—The Secretary shall specify additional fa-
10 cilities and health care providers as part of the crisis
11 response continuum, as the Secretary determines ap-
12 propriate.

13 “(d) RELATIONSHIP TO STATE LAW.—

14 “(1) IN GENERAL.—Subject to paragraph (2),
15 the standards established under this section are min-
16 imum standards and nothing in this section may be
17 construed to preclude a State from establishing ad-
18 ditional standards, so long as such standards are not
19 inconsistent with the requirements of this section or
20 other applicable law.

21 “(2) WAIVER OR MODIFICATION.—The Sec-
22 retary shall establish a process under which a State
23 may request a waiver or modification of a standard
24 established under this section.”.

1 **TITLE IV—MENTAL HEALTH AND**
2 **SUBSTANCE USE DISORDER**
3 **PARITY IMPLEMENTATION**

4 **SEC. 401. GRANTS TO SUPPORT MENTAL HEALTH AND SUB-**
5 **STANCE USE DISORDER PARITY IMPLEMEN-**
6 **TATION.**

7 (a) IN GENERAL.—Section 2794(c) of the Public
8 Health Service Act (42 U.S.C. 300gg–94(c)) (as added by
9 section 1003 of the Patient Protection and Affordable
10 Care Act (Public Law 111–148)) is amended by adding
11 at the end the following:

12 “(3) PARITY IMPLEMENTATION.—

13 “(A) IN GENERAL.—Beginning 60 days
14 after the date of enactment of this paragraph,
15 the Secretary shall award grants to States to
16 implement the mental health and substance use
17 disorder parity provisions of section 2726, pro-
18 vided that in order to receive such a grant, a
19 State is required to request and review from
20 health insurance issuers offering group or indi-
21 vidual health insurance coverage the compara-
22 tive analyses and other information required of
23 such health insurance issuers under subsection
24 (a)(8)(A) of such section 2726 regarding the
25 design and application of nonquantitative treat-

1 ment limitations imposed on mental health or
2 substance use disorder benefits.

3 “(B) AUTHORIZATION OF APPROPRIA-
4 TIONS.—For purposes of awarding grants
5 under subparagraph (A), there are authorized
6 to be appropriated \$25,000,000 for each of the
7 first five fiscal years beginning after the date of
8 the enactment of this paragraph.”.

9 (b) TECHNICAL AMENDMENT.—Section 2794 of the
10 Public Health Service Act (42 U.S.C. 300gg–95), as
11 added by section 6603 of the Patient Protection and Af-
12 fordable Care Act (Public Law 111–148) is redesignated
13 as section 2795.