

117TH CONGRESS  
1ST SESSION

# H. R. 5611

To empower communities to establish a continuum of care for individuals experiencing mental or behavioral health crisis, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 19, 2021

Ms. BLUNT ROCHESTER (for herself, Mr. FITZPATRICK, Mr. CÁRDENAS, and Ms. HERRERA BEUTLER) 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, and Oversight and Reform, 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

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## A BILL

To empower communities to establish a continuum of care for individuals experiencing mental or behavioral health crisis, 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       This Act may be cited as the “Behavioral Health Cri-  
5       sis Services Expansion Act”.

1 **SEC. 2. CRISIS RESPONSE CONTINUUM OF CARE.**

2 (a) IN GENERAL.—The Secretary of Health and  
3 Human Services (in this section referred to as the “Sec-  
4 retary”) shall establish standards for a continuum of care  
5 for use by health care providers and communities in re-  
6 sponding to individuals experiencing a mental or behav-  
7 ioral health crisis, including those individuals with co-oc-  
8 ccurring substance use disorders (referred to in this section  
9 as the “crisis response continuum”).

10 (b) REQUIREMENTS.—

11 (1) SCOPE OF STANDARDS.—Such standards  
12 shall define—

13 (A) minimum requirements of core crisis  
14 services, as determined by the Secretary, to in-  
15 clude requirements that each entity that fur-  
16 nishes such services should—

17 (i) not require prior authorization  
18 from an insurance provider nor referral  
19 from a health care provider prior to the de-  
20 livery of services;

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

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

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

6 (B) psychiatric stabilization, including the  
7 point at which a case may be closed for—

8 (i) individuals screened over the  
9 phone; and

10 (ii) individuals stabilized on the scene  
11 by mobile teams.

12 (2) IDENTIFICATION OF ESSENTIAL FUNC-  
13 TIONS.—The Secretary shall identify the essential  
14 functions of each service in the crisis response con-  
15 tinuum, which shall include at least the following:

16 (A) Identification of resources for referral  
17 and enrollment in continuing behavioral health  
18 and other human services for the individual in  
19 crisis where necessary.

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

22 (C) Development of and adherence to pro-  
23 tocols and agreements for the transfer and re-  
24 ceipt of individuals to and from other segments  
25 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 physicians, licensed clinicians, case managers, and peers (in accordance with State licensing requirements).

(E) Requirements for the convention of collaborative meetings of crisis response service providers, first responders, and community partners operating in a common region for the discussion of case management, best practices, and general performance improvement.

(3) SERVICE CAPACITY AND QUALITY STANDARDS.—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, including all age groups, cultural and linguistic minorities, and individuals with co-occurring mental health and substance use disorder crisis, individuals with cognitive disabilities experiencing behavioral health

crises, and individuals with chronic medical conditions and physical disabilities experiencing behavioral health crises.

(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 Act, 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 interagency 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 inappropriate arrests of individuals who are in mental health crisis;

1 (ii) a reduction in inappropriate emer-  
2 gency room admissions and readmissions;  
3 and

4 (iii) evidence of adequate access to  
5 crisis care centers and crisis bed services.

6 (B) RULEMAKING.—The Secretary shall  
7 carry out this subsection through notice and  
8 comment rulemaking, following a request for in-  
9 formation from stakeholders.

10 (C) AUTHORIZATION OF APPROPRIA-  
11 TIONS.—To carry out this subsection, there is  
12 authorized to be appropriated such sums as are  
13 necessary to remain available until expended.

14 (c) COMPONENTS OF CRISIS RESPONSE CON-  
15 TINUUM.—The crisis response continuum consists of at  
16 least the following components:

17 (1) CRISIS CALL CENTERS.—Regional clinically  
18 managed crisis call centers that provide telephonic  
19 crisis intervention capabilities. Such centers should  
20 meet National Suicide Prevention Lifeline oper-  
21 ational guidelines regarding suicide risk assessment  
22 and engagement and offer air traffic control-quality  
23 coordination of crisis care in real-time.

24 (2) MOBILE CRISIS RESPONSE TEAM.—Teams  
25 of providers that are available to reach any indi-

vidual in the service area in their home, workplace,  
or any other community-based location of the indi-  
vidual in crisis in a timely manner.

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

(A) 23-HOUR CRISIS STABILIZATION SERV-  
ICES.—A direct care service that provides indi-  
viduals in severe distress with up to 23 consecu-  
tive hours of supervised care to assist with de-  
escalating the severity of their crisis or need for  
urgent care in a sub-acute 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 associ-  
ated with a substance use or mental health dis-  
order in a residential setting.

(4) BEHAVIORAL HEALTH URGENT CARE FA-  
CILITIES.—Ambulatory services available 12–24  
hours per day, 7 days a week, where individuals ex-  
periencing crisis can walk in without an appointment

1 to receive crisis assessment, crisis intervention,  
2 medication, and connection to continuity of care.

3 (5) ADDITIONAL FACILITIES AND PROVIDERS.—

4 The Secretary shall specify additional facilities and  
5 health care providers as part of the crisis response  
6 continuum, as the Secretary determines appropriate.

7 (d) RELATIONSHIP TO STATE LAW.—

8 (1) IN GENERAL.—Subject to paragraph (2),  
9 the standards established under this section are min-  
10 imum standards and nothing in this section may be  
11 construed to preclude a State from establishing ad-  
12 ditional standards, so long as such standards are not  
13 inconsistent with the requirements of this section or  
14 other applicable law.

15 (2) WAIVER OR MODIFICATION.—The Secretary  
16 shall establish a process under which a State may  
17 request a waiver or modification of a standard estab-  
18 lished under this section.

19 **SEC. 3. COVERAGE OF CRISIS RESPONSE SERVICES.**

20 (a) COVERAGE UNDER THE MEDICARE PROGRAM.—

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

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



1 (B) in subparagraph (HH), 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 “(II) crisis response services as defined in sub-  
6 section (III);”.

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 “Crisis Response Services Defined

12 “(III)(1) IN GENERAL.—The term ‘crisis response  
13 services’ means mental or behavioral health services that  
14 are furnished by a mobile crisis response team, a crisis  
15 receiving and stabilization facility, behavioral health ur-  
16 gent care facility, or other appropriate provider, as deter-  
17 mined by the Secretary, to an individual experiencing a  
18 mental or behavioral health crisis. Such term includes  
19 services identified by the Secretary as part of the crisis  
20 response continuum of care under section 2 of the Behav-  
21 ioral Health Crisis Services Expansion Act.

22 “(2) DEFINITIONS.—In this subsection, the terms  
23 ‘mobile crisis response team’, ‘crisis receiving and sta-  
24 bilization facility’, and ‘behavioral health urgent care facil-

1 ity’ have the meaning given those terms for purposes of  
2 such section.”.

3 (3) PAYMENT.—Section 1833(a)(1) of the So-  
4 cial Security Act (42 U.S.C. 1395l(a)(1)) is amend-  
5 ed—

6 (A) by striking “and (DD)” and inserting  
7 “(DD)”; and

8 (B) by inserting before the semicolon at  
9 the end the following: “and (EE) with respect  
10 to crisis response services described in section  
11 1861(s)(2)(II), the amounts paid shall be 80  
12 percent of the lesser of the actual charge for  
13 the service or the fee schedule amount provided  
14 under section 1848”.

15 (4) AMBULANCE TRANSPORT OF INDIVIDUALS  
16 IN CRISIS.—

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

21 “(18) TRANSPORTATION OF INDIVIDUALS IN  
22 CRISIS.—With respect to ambulance services fur-  
23 nished on or after the date that is 3 years after the  
24 date of the enactment of the Behavioral Health Cri-  
25 sis Services Expansion Act, the regulations described

1 in section 1861(s)(7) shall provide coverage under  
2 such section for ambulance services to transport an  
3 individual experiencing a mental or behavioral health  
4 crisis to an appropriate facility, such as a commu-  
5 nity mental health center (as defined in section  
6 1861(ff)(3)(B)) or other facility or provider identi-  
7 fied by the Secretary as part of the crisis response  
8 continuum of care under section 2 of the Behavioral  
9 Health Crisis Services Expansion Act, as appro-  
10 priate, for crisis response services described in sec-  
11 tion 1861(s)(2)(II).”.

12 (B) CONFORMING AMENDMENT.—Section  
13 1861(s)(7) of such Act (42 U.S.C. 1395x(s)(7))  
14 is amended by striking “section 1834(l)(14)”  
15 and inserting “paragraphs (14) and (18) of sec-  
16 tion 1834(l)”.

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

21 (b) MANDATORY COVERAGE OF CRISIS RESPONSE  
22 SERVICES UNDER THE MEDICAID PROGRAM.—

23 (1) IN GENERAL.—Title XIX of the Social Se-  
24 curity Act (42 U.S.C. 1396 et seq.) is amended—

1 (A) in section 1902(a)(10)(A), in the mat-  
 2 ter preceding clause (i), by striking “and (30)”  
 3 and inserting “(30), and (31)”; and

4 (B) in section 1905—

5 (i) in subsection (a)—

6 (I) in paragraph (30), by striking  
 7 “; and” and inserting a semicolon;

8 (II) by redesignating paragraph  
 9 (31) as paragraph (32); and

10 (III) by inserting the following  
 11 paragraph after paragraph (30):

12 “(31) subject to subsection (jj), crisis response  
 13 services (as defined in section 1861(l)); and”; and

14 (ii) by adding at the end the following  
 15 new subsection:

16 “(jj) EXCEPTION TO REQUIREMENT TO PROVIDE  
 17 COVERAGE FOR CRISIS RESPONSE SERVICES.—The re-  
 18 quirement to provide services described in paragraph (31)  
 19 of subsection (a) shall not apply with respect to a State  
 20 for a fiscal year, if before the beginning of such year the  
 21 State certifies to the satisfaction of the Secretary that im-  
 22 plementing such requirement statewide for all individuals  
 23 eligible to enroll in the State plan (or waiver of the State  
 24 plan) would not be feasible by reason of a shortage of  
 25 qualified providers of crisis response services, or facilities

1 providing such treatment, that will contract with the State  
 2 or a managed care entity with which the State has a con-  
 3 tract under section 1903(m) or under section  
 4 1905(t)(3).”.

5 (2) 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(l))” after “any hospital”.

11 (3) 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) ESSENTIAL HEALTH BENEFITS.—Section  
14 1302(b)(1)(E) of the Patient Protection and Affordable  
15 Care Act (42 U.S.C. 18022(b)(1)(E)) is amended by in-  
16 serting “and crisis response services (as defined in section  
17 1861(l)) of the Social Security Act)” before the period.

18 (d) GROUP HEALTH PLANS.—Section 2707 of the  
19 Public Health Service Act (42 U.S.C. 300gg–6) is amend-  
20 ed by adding at the end the following:

21 “(e) CRISIS RESPONSE SERVICES.—A group health  
22 plan or a health insurance issuer that offers health insur-  
23 ance coverage in the large group market shall ensure that  
24 such coverage includes crisis response services (as defined  
25 in section 1861(l)) of the Social Security Act).”.

1 (e) TRICARE COVERAGE.—

2 (1) IN GENERAL.—The Secretary of Defense  
3 shall provide coverage under the TRICARE program  
4 for crisis response services, as defined in section  
5 1861(III) of the Social Security Act (42 U.S.C.  
6 1395x) (as amended by section 3).

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

11 (f) REIMBURSEMENT FOR CRISIS RESPONSE SERV-  
12 ICES FOR VETERANS.—Section 1725(f)(1) of title 38,  
13 United States Code, is amended, in the matter preceding  
14 subparagraph (A), by inserting “, including crisis response  
15 services (as defined in subsection (III) of section 1861 of  
16 the Social Security Act (42 U.S.C. 1395x)),” after “serv-  
17 ices”.

18 (g) COVERAGE UNDER FEHB.—

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

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

1           (2) EFFECTIVE DATE.—The amendment made  
2       by paragraph (1) shall apply beginning with respect  
3       to the third contract year for chapter 89 of title 5,  
4       United States Code, that begins on or after the date  
5       that is 3 years after the date of enactment of this  
6       Act.

7       **SEC. 4. BUILDING THE CRISIS CONTINUUM INFRASTRUC-**  
8                               **TURE.**

9           (a) ADDITIONAL AMOUNTS FOR MENTAL HEALTH  
10      BLOCK GRANT.—Section 1920 of the Public Health Serv-  
11      ice Act (42 U.S.C. 300x–9) is amended by adding at the  
12      end the following:

13           “(d) SUPPORT FOR CRISIS RESPONSE SERVICES IN-  
14      FRASTRUCTURE.—

15           “(1) IN GENERAL.—In addition to amounts  
16      made available under subsection (a), there are au-  
17      thorized to be appropriated such sums as are nec-  
18      essary for each of fiscal years 2022, 2023, and  
19      2024, for purposes of supporting the infrastructure  
20      needed to provide crisis response services (as defined  
21      in section 1861(l)) of the Social Security Act) in the  
22      States, which may include training and continuing  
23      education, and administrative expenses with respect  
24      to the provision of such services.



1           “(2) ALLOTMENTS.—Each fiscal year for which  
2           amounts are appropriated under paragraph (1), the  
3           Secretary shall allot to each State that receives a  
4           grant under section 1911 for the fiscal year an  
5           amount that bears the same relationship to the total  
6           amount appropriated under paragraph (1) for the  
7           fiscal year that the amount received by the State  
8           under section 1911(a) for the fiscal year bears to  
9           the total amount appropriated under subsection (a)  
10          for the fiscal year.”.

11          (b) TECHNICAL ASSISTANCE.—The Secretary of  
12          Health and Human Services (referred to in this section  
13          as the “Secretary”) shall provide to States technical as-  
14          sistance regarding the provision of crisis response services,  
15          as defined in section 1861(l)(3) of the Social Security Act  
16          (42 U.S.C. 1395x) (as amended by section 3), including  
17          guidance on how States may blend Medicaid funds avail-  
18          able to States under title XIX of the Social Security Act  
19          (42 U.S.C. 1396 et seq.) and funds available to States  
20          under the community mental health services block grant  
21          program under subpart I of part B of title XIX of the  
22          Public Health Service Act (42 U.S.C. 300x et seq.) and  
23          the substance abuse prevention and treatment block grant  
24          program under subpart II of part B of title XIX of such  
25          Act (42 U.S.C. 300x–21 et seq.) to provide such services.

1       (c) CLEARINGHOUSE OF BEST PRACTICES.—The  
2 Secretary shall develop and maintain a publicly available  
3 clearinghouse of best practices for the successful operation  
4 of each segment of the system for providing crisis response  
5 services (as defined in section 1861(l)) of the Social Secu-  
6 rity Act (42 U.S.C. 1395x) (as amended by section 3))  
7 and the integration of such best practices into the provi-  
8 sion of such services. The clearinghouse shall be updated  
9 annually.

10 **SEC. 5. INCIDENT REPORTING.**

11       (a) ESTABLISHMENT OF PROTOCOL PANEL.—The  
12 Secretary of Health and Human Services (referred to in  
13 this section as the “Secretary”), in consultation with the  
14 Attorney General, shall convene a panel for the purposes  
15 of making recommendations for training and protocol for  
16 911 dispatchers to respond appropriately to individuals ex-  
17 perienicing a psychiatric crisis based on the characteristics  
18 of the incident and the needs of the caller.

19       (b) PANELISTS.—The Secretary shall appoint individ-  
20 uals to serve staggered 10-year terms on the panel estab-  
21 lished under subsection (a). Such individuals shall in-  
22 clude—

- 23               (1) firefighters;
- 24               (2) emergency medical services personnel;
- 25               (3) law enforcement officers;

1 (4) 911 dispatchers;

2 (5) representatives from each segment of the  
3 crisis response continuum, as described in section 2,  
4 including 988 dispatchers;

5 (6) individuals who have received services under  
6 such crisis response continuum, including individuals  
7 under the age of 18 and members of underserved  
8 communities; and

9 (7) other individuals, as the Secretary deter-  
10 mines appropriate.

11 (c) RECOMMENDATIONS.—

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

14 (A) connecting 911 callers to crisis care  
15 services instead of responding with law enforce-  
16 ment officers;

17 (B) integrating the 988 system into the  
18 911 system, or transferring calls from the 911  
19 system to the 988 system as appropriate; and

20 (C) a process for identifying 911 callers  
21 who are in mental health distress and evalu-  
22 ating the level of need of such callers, as de-  
23 fined by standardized assessment tools such as  
24 the Level of Care Utilization System (LOCUS)

1           and the Child and Adolescent Level of Care  
2           Utilization System (CALOCUS).

3           (2) UPDATES.—The panel shall update rec-  
4           ommendations issued under this section not less fre-  
5           quently than every 5 years.

○