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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

MARCH 28, 2022

Mr. CÁRDENAS (for himself, Mr. FITZPATRICK, Ms. MATSUI, Ms. BLUNT ROCHESTER, Mr. MOULTON, Mrs. NAPOLITANO, Mr. BEYER, and Mr. RASKIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

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

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

SECTION 1. SHORT TITLE.

(a) SHORT TITLE.—This Act may be cited as the ''9–8–8 and Parity Assistance Act of 2022''.

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

TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OFFICE.

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

"SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING OFFICE.

''(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall establish an office to coordinate work relating to behavioral health crisis care across the operating divisions of the Department of Health and Human Services, including the Centers for Medicare & Medicaid Services

and the Health Resources and Services Administration and external stakeholders.

''(b) DUTY.—The office established under subsection (a) shall—

''(1) convene Federal, State, Tribal, local, and private partners;

''(2) launch and manage Federal workgroups charged with making recommendations regarding behavioral health crisis financing, workforce, equity, data, and technology, program oversight, public awareness, and engagement; and

''(3) support technical assistance, data analysis, and evaluation functions in order to develop a crisis care system to establish nationwide standards with the objective of expanding the capacity of, and access to, local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow-up care provided by—

''(A) the National Suicide Prevention and Mental Health Crisis Hotline and Response System;

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

''(C) certified community behavioral health clinics, as described in section 223 of the Protecting Access to Medicare Act of 2014; and

''(D) other community mental health and substance use disorder providers.

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

SEC. 102. 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:

''SEC. 520E–5. REGIONAL AND LOCAL LIFELINE CALL CENTER PROGRAM.

''(a) IN GENERAL.—The Secretary shall award grants to crisis call centers described in section 302(c)(1) of the 9–8–8 Implementation and Parity Assistance Act of 2022 to—

''(1) purchase or upgrade call center technology;

''(2) provide for training of call center staff;

''(3) improve call center operations; and

''(4) hiring of call center staff.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $441,000,000 for fiscal year 2023, to remain available until expended.''.

SEC. 103. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.

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

''SEC. 520F–1. MENTAL HEALTH CRISIS RESPONSE PARTNERSHIP PILOT PROGRAM.

''(a) IN GENERAL.—The Secretary shall establish a pilot program under which the Secretary will award competitive grants to eligible entities to establish new, or enhance existing, mobile crisis response teams that divert the response for mental health and substance use crises from law enforcement to mobile crisis teams, as described in subsection (b).

''(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile crisis team described in this subsection is a team of individuals—

''(1) that is available to respond to individuals in crisis and provide immediate stabilization, referrals to community-based mental health and sub-

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

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

''(3) which may provide support to divert behavioral health crisis calls from the 9–1–1 system to the 9–8–8 system.

''(c) PRIORITY.—In awarding grants under this section, the Secretary shall prioritize applications which account for the specific needs of the communities to be served, including children and families, veterans, rural and underserved populations, and other groups at increased risk of death from suicide or overdose.

''(d) REPORT.—

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

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

''(A) data on the teams and people served by such programs, including demographic information of individuals served, volume and types of service utilization, linkage to community-based resources and diversion from law enforcement settings, data consistent with the State block grant requirements for continuous evaluation and quality improvement, and other relevant data as determined by the Secretary; and

''(B) the Secretary's recommendations and best practices for—

''(i) States and localities providing mobile crisis response and stabilization services for youth and adults; and

''(ii) improvements to the program established under this section.

''(e) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means each of the following:

''(1) Community mental health centers (as defined in section 1861(ff)(3)(B) of the Social Security Act).

''(2) Certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014.

''(3) An entity that operates citywide, Tribal-wide, or county-wide crisis response systems, including cities, counties, Tribes, or a department or agency of a city, county, or Tribe, including departments or agencies of social services, disability services, health services, public health, or mental health and substance disorder services.

''(4) A program of the Indian Health Service, whether operated by such Service, an Indian Tribe (as that term is defined in section 4 of the Indian Health Care Improvement Act), or by a Tribal organization (as that term is defined in section 4 of the Indian Self-Determination and Education Assistance Act) or a facility of the Native Hawaiian health care systems authorized under the Native Hawaiian Health Care Improvement Act.

''(5) A public, nonprofit, or other organization that—

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

''(B) has a demonstrated involvement with the identified communities to be served.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $100,000,000 for each of fiscal years 2023 through 2027.''.

SEC. 104. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

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

''SEC. 520N. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

''(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

''(1) IN GENERAL.—Not later than the date that is 3 years after the date of the enactment of this Act, the Secretary, in consultation with the Assistant Secretary for Mental Health and Substance Use and the Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director'), shall conduct a national suicide

prevention media campaign (referred to in this section as the 'national media campaign'), for purposes of—

"(A) preventing suicide in the United States;

"(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

"(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E–3, any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary).

"(2) ADDITIONAL CONSULTATION.—In addition to consulting with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care

providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, paramedics, law enforcement, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

''(b) TARGET AUDIENCES.—

''(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

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

''(c) USE OF FUNDS.—

''(1) REQUIRED USES.—

''(A) IN GENERAL.—The Secretary shall, if reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

''(i) Testing and evaluation of advertising.

''(ii) Evaluation of the effectiveness of the national media campaign.

''(iii) Operational and management expenses.

''(iv) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

''(B) SPECIFIC REQUIREMENTS.—

''(i) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(i), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying

out the purposes of the national media campaign.

''(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall—

''(I) take into account the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

''(II) take into account the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

''(III) assess whether the national media campaign has contrib-

uted to increased awareness that suicidal individuals should be engaged, rather than ignored; and

''(IV) take into account such other measures of evaluation as the Secretary determines are appropriate.

''(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

''(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Federal agencies or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

''(B) Entertainment industry outreach, interactive outreach, media projects and activities, the dissemination of public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

''(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

''(1) To supplant Federal suicide prevention campaigns in effect as of the date of the enactment of this section.

''(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

''(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

''(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

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

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

''(3) plans to purchase advertising time and space;

''(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

''(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

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

TITLE II—HEALTH RESOURCES AND SERVICES ADMINISTRATION

SEC. 201. HEALTH CENTER CAPITAL GRANTS.

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

''SEC. 330O. HEALTH CENTER CAPITAL GRANTS.

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

''(b) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' is an entity that is—

''(1) a health center funded under section 330, or in the case of a Tribe or Tribal organization, eligible, to be awarded without regard to the time limitation in subsection (e)(3) and subsections (e)(6)(A)(iii), (e)(6)(B)(iii), and (r)(2)(B) of such section; or

''(2) a mental health and substance use crisis receiving and stabilization program and crisis call center described in section 302(c)(1) of the 9–8–8 Implementation and Parity Assistance Act of 2022 that have a working relationship with one or more local community mental health and substance use organizations, community mental health centers, and certified community behavioral health clinics, or other local mental health and substance use care providers, including inpatient and residential treatment settings.

''(c) USE OF FUNDS.—Amounts made available to a recipient of a grant or cooperative agreement pursuant to subsection (a) shall be used for crisis response program facility alteration, renovation, remodeling, expansion, construction, and other capital improvement costs, including

the costs of amortizing the principal of, and paying interest on, loans for such purposes.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000,000, to remain available until expended.''.

SEC. 202. EXPANDING BEHAVIORAL HEALTH WORKFORCE TRAINING PROGRAMS.

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

(1) in subsection (a)—

(A) in paragraph (1), by inserting ''crisis management (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program),'' after ''occupational therapy,'';

(B) in paragraph (2), by inserting ''and providing crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program)'' after ''treatment services,'';

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

tion program),'' after ''behavioral health services''; and

(D) in paragraph (4), by inserting ''including for the provision of crisis management services (such as at a crisis call center, as part of a mobile crisis team, or through crisis receiving and stabilization program),'' after ''paraprofessional field'';

(2) in subsection (d)(2), by inserting ''or that emphasize training in crisis management and meeting the crisis needs of diverse populations specified in (b)(2), including effective outreach and engagement'' after ''partnerships''; and

(3) by adding at the end the following:

''(g) ADDITIONAL FUNDING.—

''(1) IN GENERAL.—For each of fiscal years 2023 through 2027, in addition to funding made available under subsection (f), there are authorized to be appropriated $15,000,000 for workforce development for crisis management, as specified in paragraphs (1) through (4) of subsection (a).

''(2) PRIORITY.—In making grants for the purpose specified in paragraph (1), the Secretary shall give priority to programs demonstrating effective recruitment and retention efforts for individuals and

groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, as specified in subsection (b)(2).''.

TITLE III—BEHAVIORAL HEALTH CRISIS SERVICES EXPANSION

SEC. 301. CRISIS RESPONSE CONTINUUM OF CARE.

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

''SEC. 520O. CRISIS RESPONSE CONTINUUM OF CARE.

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

''(b) REQUIREMENTS.—

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

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

clude requirements that each entity that furnishes such services should—

"(i) not require prior authorization from an insurance provider nor referral from a health care provider prior to the delivery of services;

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

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

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

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

"(i) individuals screened over the phone; and

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

"(2) IDENTIFICATION OF ESSENTIAL FUNCTIONS.—The Secretary shall identify the essential

functions of each service in the crisis response continuum, which shall include at least the following:

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

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

"(C) Development of and adherence to protocols and agreements for the transfer and receipt of individuals to and from other segments 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 or requirements applicable to Tribal health professionals).

"(E) Requirements for the convening of collaborative meetings of crisis response service

providers, first responders, such as paramedics and law enforcement, and community partners (including National Suicide Prevention Lifeline or 9–8–8 call centers, 9–1–1 public service answering points, and local mental health and substance use disorder treatment providers) 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 who may experience a mental health or substance use crisis, including children, families, and all age groups, cultural and linguistic minorities, individuals with co-occurring mental health and substance use disorders, individuals with cognitive disabilities, individuals with developmental delays, and individuals with chronic medical conditions and physical disabilities.

''(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 title, 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 reliance on law enforcement response to individuals in crisis who would be more appropriately served by a mobile crisis team capable of responding to mental health and substance related crises;

"(ii) a reduction in boarding or extended holding of patients in emergency room facilities who require further psychiatric care, including care for substance use disorders;

"(iii) evidence of adequate access to crisis care centers and crisis bed services; and

"(iv) evidence of adequate linkage to appropriate post-crisis care and longitudinal treatment for mental health or substance use disorder when relevant.

"(B) RULEMAKING.—The Secretary shall carry out this subsection through notice and comment rulemaking, following a request for information from stakeholders.

"(c) COMPONENTS OF CRISIS RESPONSE CONTINUUM.—The crisis response continuum consists of at least the following components:

"(1) CRISIS CALL CENTERS.—Regional clinically managed crisis call centers that provide telephonic crisis intervention capabilities. Such centers should meet National Suicide Prevention Lifeline operational guidelines regarding suicide risk assess-

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

''(2) MOBILE CRISIS RESPONSE TEAM.—Teams of providers that are available to reach any individual in the service area in their home, workplace, school, physician's office or outpatient treatment setting, or any other community-based location of the individual in crisis in a timely manner.

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

''(A) 23-HOUR CRISIS STABILIZATION SERVICES.—A direct care service that provides individuals in severe distress with up to 23 consecutive hours of supervised care to assist with deescalating the severity of their crisis or need for urgent care in a subacute 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 associated with a substance use or mental health disorder in a residential setting.

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

''(5) ADDITIONAL FACILITIES AND PROVIDERS.—The Secretary shall specify additional facilities and health care providers as part of the crisis response continuum, as the Secretary determines appropriate.

''(d) RELATIONSHIP TO STATE LAW.—

''(1) IN GENERAL.—Subject to paragraph (2), the standards established under this section are minimum standards and nothing in this section may be construed to preclude a State from establishing additional standards, so long as such standards are not inconsistent with the requirements of this section or other applicable law.

''(2) WAIVER OR MODIFICATION.—The Secretary shall establish a process under which a State may request a waiver or modification of a standard established under this section.''.

TITLE IV—MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY IMPLEMENTATION

SEC. 401. GRANTS TO SUPPORT MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY IMPLEMENTATION.

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

''(3) PARITY IMPLEMENTATION.—

''(A) IN GENERAL.—Beginning 60 days after the date of enactment of this paragraph, the Secretary shall award grants to States to implement the mental health and substance use disorder parity provisions of section 2726, provided that in order to receive such a grant, a State is required to request and review from health insurance issuers offering group or individual health insurance coverage the comparative analyses and other information required of such health insurance issuers under subsection (a)(8)(A) of such section 2726 regarding the design and application of nonquantitative treat-

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

"(B) AUTHORIZATION OF APPROPRIATIONS.—For purposes of awarding grants under subparagraph (A), there are authorized to be appropriated $25,000,000 for each of the first five fiscal years beginning after the date of the enactment of this paragraph.".

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

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