

117TH CONGRESS
2D SESSION

S. 4871

To establish an office to coordinate work relating to behavioral health crisis care and to improve the National Suicide Prevention Lifeline program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 15, 2022

Ms. BALDWIN (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish an office to coordinate work relating to behavioral health crisis care and to improve the National Suicide Prevention Lifeline program, 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 “988 Coordination and
5 Improvement Act”.

1 **SEC. 2. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**
2 **FICE.**

3 Part A of title V of the Public Health Service Act
4 (42 U.S.C. 290aa et seq.) is amended by adding at the
5 end the following:

6 **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**
7 **OFFICE.**

8 “(a) IN GENERAL.—The Secretary shall establish,
9 within the Substance Abuse and Mental Health Services
10 Administration, an office to coordinate work relating to
11 behavioral health crisis care across the operating divisions
12 and agencies of the Department of Health and Human
13 Services, including the Substance Abuse and Mental
14 Health Services Administration, the Centers for Medicare
15 & Medicaid Services, and the Health Resources and Serv-
16 ices Administration, and other Federal Government and
17 external stakeholders.

18 “(b) DUTY.—The office established under subsection
19 (a) shall—

20 “(1) convene Federal, State, Tribal, local, and
21 private partners;

22 “(2) launch and manage Federal workgroups
23 charged with making recommendations regarding be-
24 havioral health crisis issues, including with respect
25 to health care best practices, workforce development,
26 mental health disparities, data collection, technology,

1 geolocation and call routing, program oversight, pub-
2 lic education, and engagement; and

3 “(3) support technical assistance, data analysis,
4 and evaluation functions in order to assist States,
5 local governmental entities, territories, Indian
6 Tribes, and Tribal communities in developing crisis
7 care systems and establish nationwide best practices
8 with the objective of expanding the capacity of, and
9 access to, local 988 Suicide and Crisis Lifeline call
10 centers, mobile crisis care, crisis stabilization, psy-
11 chiatric emergency services, rapid post-crisis follow-
12 up care, and essential community services provided
13 by—

14 “(A) the National Suicide Prevention and
15 Mental Health Crisis Hotline and Response
16 System;

17 “(B) the Veterans Crisis Line;

18 “(C) community mental health centers (as
19 defined in section 1861(ff)(3)(B) of the Social
20 Security Act);

21 “(D) Federally qualified health centers (as
22 defined in section 1861(aa) of the Social Secu-
23 rity Act);

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

4 “(F) other community mental health, sub-
 5 stance use disorder, and essential community
 6 service providers, as determined by the Sec-
 7 retary.

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

11 **SEC. 3. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
 12 **GRAM ACCESS TO SPECIALIZED SERVICES.**

13 Section 520E–3 of the Public Health Service Act
 14 (290bb–36c) is amended—

15 (1) in subsection (b)—

16 (A) in paragraph (2)—

17 (i) by inserting after “suicide preven-
 18 tion hotline” the following: “, under the
 19 universal telephone number designated
 20 under section 251(e)(4) of the Communica-
 21 tions Act of 1934,”; and

22 (ii) by striking “; and” at the end and
 23 inserting a semicolon;

24 (B) in paragraph (3), by striking the pe-
 25 riod at the end and inserting “; and”; and

1 (C) by adding at the end the following:

2 “(4) supporting access by high-risk populations,
3 including LGBTQ+ youth and other members of the
4 LGBTQ+ community, American Indian and Alaska
5 Natives, individuals who reside in rural counties,
6 veterans, racial and ethnic minorities, and other
7 high-risk populations, to specialized services through
8 the program, in accordance with subsection (c) and
9 as determined by the Office of the Assistant Sec-
10 retary.”;

11 (2) by redesignating subsection (c) as sub-
12 section (d); and

13 (3) by inserting after subsection (b) the fol-
14 lowing:

15 “(c) ACCESS TO SPECIALIZED SERVICES.—

16 “(1) CONSULTATION.—Wherever possible, the
17 Office of the Assistant Secretary shall, in deter-
18 mining which approaches to use to support access to
19 specialized services under subsection (b)(4) to the
20 populations described in such subsection, consult
21 with organizations that have—

22 “(A) experience working with such popu-
23 lations; or

1 “(B) technological expertise in effective
2 crisis response using such digital and tech-
3 nology approaches.

4 “(2) EXAMPLES OF SPECIALIZED SERVICES.—
5 Efforts to support access to specialized services
6 under subsection (b)(4) may include—

7 “(A) updates and development of training
8 resources that can help crisis counselors better
9 address the needs of high-risk populations;

10 “(B) adapting the program network center
11 membership processes to incorporate organiza-
12 tions providing specialized services for high-risk
13 populations;

14 “(C) designing and implementing transfer
15 processes;

16 “(D) providing additional technical assist-
17 ance to centers participating in the program to
18 ensure compliance with the training expecta-
19 tions in working with high-risk populations; and

20 “(E) the use of digital and technology ap-
21 proaches to improve access for high risk popu-
22 lations.”.

1 **SEC. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

2 **REPORT.**

3 (a) IN GENERAL.—Not later than 2 years after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services shall submit a report to Congress assess-
6 ing the progress of the Department of Health and Human
7 Services in implementation of the 9–8–8 dialing code for
8 the 988 Suicide and Crisis Lifeline operated pursuant to
9 the program under section 520E–3 of the Public Health
10 Service Act (42 U.S.C. 290bb–36c).

11 (b) CONTENT.—The report required under subsection
12 (a) shall include—

13 (1) an assessment of the performance of the
14 988 Suicide and Crisis Lifeline and any partner or-
15 ganizations of the Lifeline;

16 (2) an update on efforts to provide specialized
17 resources to high-risk populations, including
18 LGBTQ+ youth and other members of the
19 LGBTQ+ community, American Indian and Alaska
20 Natives, individuals who reside in rural counties,
21 veterans, racial and ethnic minorities, and other
22 high-risk populations;

23 (3) State and regional variation with respect to
24 access to crisis call centers, including average speed
25 to answer, answer rates, hours of operation, and
26 funding sources;

1 (4) the capacity of the 988 Suicide and Crisis
2 Lifeline to handle texts and chats;

3 (5) any needed programmatic or technological
4 enhancements to connect callers to local services;
5 and

6 (6) obstacles identified by States, political sub-
7 divisions of States, Indian Tribes, or villages or re-
8 gional corporations serving a region established pur-
9 suant to the Alaska Native Claims Settlement Act
10 (43 U.S.C. 1601 et seq.) in collection and distribu-
11 tion of fees and charges described by section 4(a)(1)
12 of the National Suicide Hotline Designation Act of
13 2020 (Public Law 116–172).

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