

118TH CONGRESS
2^D SESSION

H. R. 10419

To amend title XVIII of the Social Security Act to establish a Medicare demonstration program relating to crisis response services.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2024

Mr. CÁRDENAS (for himself, Mr. VEASEY, Mr. SCHWEIKERT, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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

A BILL

To amend title XVIII of the Social Security Act to establish a Medicare demonstration program relating to crisis response services.

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 “Crisis Care Access and
5 Response Expansion for Behavioral Health Act of 2024”
6 or the “CARE for Behavioral Health Act of 2024”.

1 **SEC. 2. ESTABLISHING A MEDICARE DEMONSTRATION PRO-**
2 **GRAM RELATING TO CRISIS RESPONSE SERV-**
3 **ICES.**

4 Part E of title XVIII of the Social Security Act (42
5 U.S.C. 1395x et seq.) is amended by inserting after sec-
6 tion 1866G the following new section:

7 **“SEC. 1866H. CRISIS RESPONSE SERVICES DEMONSTRA-**
8 **TION PROGRAM.**

9 “(a) IN GENERAL.—Not later than January 1, 2026,
10 the Secretary shall establish a crisis response services
11 demonstration program (in this section referred to as the
12 ‘demonstration program’) to determine whether payment
13 for crisis response services furnished to applicable individ-
14 uals by participating providers results in—

15 “(1) a reduction in emergency department vis-
16 its;

17 “(2) increased access to crisis response services;

18 “(3) a reduction in expenditures under this
19 title; or

20 “(4) improved behavioral health outcomes.

21 “(b) PARTICIPATING PROVIDERS.—

22 “(1) IN GENERAL.—Subject to paragraph (3),
23 the Secretary shall designate an eligible provider as
24 a participating provider for purposes of the dem-
25 onstration program if such eligible provider submits
26 an application to the Secretary at such time and in

1 such manner as specified by the Secretary and dem-
2 onstrates that the provider meets the standards es-
3 tablished by the Secretary under paragraph (2).

4 “(2) STANDARDS.—The Secretary, in coordina-
5 tion with the Assistant Secretary for Mental Health
6 and Substance Use, shall specify standards that an
7 eligible provider must meet in order to be designated
8 as a participating provider under paragraph (1).
9 Such standards shall include the following:

10 “(A) Standards relating to the minimum
11 set of crisis response services to be furnished by
12 a participating provider under the demonstra-
13 tion program.

14 “(B) Standards relating to access to such
15 services, including a requirement that such pro-
16 vider be available to furnish such services 24
17 hours per day, 7 days per week, and have a
18 physician (which may include a psychiatrist),
19 nurse practitioner, or physician assistant so
20 available to furnish such services.

21 “(C) Standards relating to the provision of
22 such services, including—

23 “(i) standards relating to the quali-
24 fications of individuals who may furnish

1 such services, in accordance with applicable
2 State licensure requirements;

3 “(ii) standards relating to collabora-
4 tion of such individuals with other entities
5 (such as community first responders and
6 community-based organizations) to ensure
7 appropriate case management and adher-
8 ence to best practices;

9 “(iii) standards relating to the receipt
10 of individuals from appropriate providers
11 of services, suppliers, and other entities
12 (such as law enforcement entities, edu-
13 cational institutions, and community-based
14 organizations); and

15 “(iv) a requirement that such services
16 may only be terminated once an individual
17 is stabilized or transferred to receive care
18 from another appropriate provider of serv-
19 ices, supplier, or entity.

20 “(3) TERMINATION OF DESIGNATION.—

21 “(A) IN GENERAL.—The Secretary shall
22 terminate a designation of a participating pro-
23 vider under paragraph (1) if—

1 “(i) the Secretary determines that
2 such provider no longer meets the stand-
3 ards specified under paragraph (2); or

4 “(ii) such provider fails to meets such
5 quality standards as the Secretary deter-
6 mines appropriate.

7 “(B) PERMISSIVE TERMINATION.—The
8 Secretary may terminate a designation of a par-
9 ticipating provider under paragraph (1) for
10 such other reasons as determined appropriate
11 by the Secretary.

12 “(c) PAYMENT.—

13 “(1) IN GENERAL.—Payment for crisis response
14 services furnished by a participating provider under
15 the demonstration program shall be equal to 100
16 percent of the lesser of the amount charged by such
17 provider or an amount determined under the pay-
18 ment basis established by the Secretary under para-
19 graph (2).

20 “(2) PAYMENT BASIS.—The Secretary shall es-
21 tablish a single payment amount for crisis response
22 services furnished to an applicable individual by a
23 participating provider during a month. Such amount
24 shall be equal to the average (as determined by the
25 Secretary) costs incurred by eligible providers in fur-

1 nishing such services to an individual during a
2 month.

3 “(3) SOURCE OF PAYMENT.—Payment for crisis
4 response services furnished by a participating pro-
5 vider under the demonstration program shall be
6 made from the Federal Supplementary Medical In-
7 surance Trust Fund established under section 1841.

8 “(d) EVALUATION AND MONITORING.—The Sec-
9 retary shall evaluate each participating provider under the
10 demonstration program to assess whether the results de-
11 scribed in subsection (a) have been achieved.

12 “(e) REPORT.—Not later than 3 years after the date
13 of the enactment of this section, the Secretary shall con-
14 duct an independent evaluation of the demonstration pro-
15 gram and submit to Congress a report on such program.
16 Such report shall include an analysis of the following:

17 “(1) Whether such program has achieved re-
18 sults described in subsection (a).

19 “(2) The quality of crisis response services fur-
20 nished under such program.

21 “(3) Any reduction in jail incarceration attrib-
22 utable to such program.

23 “(4) The number of individuals furnished serv-
24 ices under such program who were not voluntarily so
25 furnished such services.

1 “(f) DEFINITIONS.—In this section:

2 “(1) APPLICABLE INDIVIDUAL.—The term ‘ap-
3 plicable individual’ means an individual who—

4 “(A) is entitled to benefits under part A
5 and enrolled under part B;

6 “(B) is not enrolled in a Medicare Advan-
7 tage plan under part C or a PACE program
8 under section 1894; and

9 “(C) meets such other criteria as deter-
10 mined appropriate by the Secretary.

11 “(2) BEHAVIORAL HEALTH URGENT CARE FA-
12 CILITY.—The term ‘behavioral health urgent care fa-
13 cility’ means an ambulatory facility where individ-
14 uals experiencing a mental or behavioral health crisis
15 may walk in without an appointment to receive crisis
16 assessment services, crisis intervention services,
17 medication, and connection to other appropriate
18 services.

19 “(3) CRISIS RECEIVING AND STABILIZATION FA-
20 CILITY.—The term ‘crisis receiving and stabilization
21 facility’ means a subacute inpatient facility or other
22 facility specified by the Secretary that provides
23 short-term observation and stabilization services to
24 individuals experiencing a mental or behavioral
25 health crisis.

1 “(4) CRISIS RESPONSE SERVICES.—The term
2 ‘crisis response services’ means mental or behavioral
3 health services that are furnished to an individual
4 experiencing a mental or behavioral health crisis
5 to—

6 “(A) provide screening and assessment for
7 the individual’s mental health or substance use
8 disorder crisis;

9 “(B) support the de-escalation of the indi-
10 vidual’s mental health or substance use disorder
11 crisis;

12 “(C) facilitate or support subsequent refer-
13 ral to health, social, and other services, as de-
14 termined appropriate by the Secretary; or

15 “(D) otherwise address the individual’s
16 pressing behavioral health needs, as determined
17 appropriate by the Secretary.

18 “(5) ELIGIBLE PROVIDER.—The term ‘eligible
19 provider’ means a provider of crisis response services
20 that is a mobile crisis response team, a crisis receiv-
21 ing and stabilization facility, a behavioral health ur-
22 gent care facility, or such other provider of services
23 or supplier determined appropriate by the Secretary.

24 “(6) MOBILE CRISIS RESPONSE TEAM.—The
25 term ‘mobile crisis response team’ means a team of

1 physicians or practitioners (as described in section
2 1842(b)(18)(C)) that is available to furnish crisis re-
3 sponse services to an individual experiencing a men-
4 tal or behavioral health crisis in the individual's
5 home or at the individual's workplace or another
6 community-based location in a timely manner.

7 “(g) FUNDING.—For purposes of administering and
8 carrying out the demonstration program, other than for
9 payments for services furnished under the program, in ad-
10 dition to funds otherwise appropriated, the Secretary shall
11 provide for the transfer to the Center for Medicare & Med-
12 icaid Services Program Management Account from the
13 Federal Hospital Insurance Trust Fund under section
14 1817 and the Federal Supplementary Medical Insurance
15 Trust Fund under section 1841 of this title (in propor-
16 tions determined appropriate by the Secretary) of such
17 sums as the Secretary determines are necessary for such
18 purposes. Amounts transferred under this subsection shall
19 remain available until expended.”.

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