

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 2036

STATE OF NEW JERSEY
220th LEGISLATURE

ADOPTED MARCH 7, 2022

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Co-Sponsored by:

Assemblymen Mukherji, Calabrese, Greenwald, Assemblywomen Haider, Reynolds-Jackson, Assemblymen Danielsen, Stanley, Assemblywomen Speight, Chaparro, Jasey, Lampitt, Jimenez, Park, Assemblyman Moen, Assemblywomen Sumter, Eulner, Piperno, Assemblymen Wirths, Space, Assemblywoman Mosquera, Assemblyman Freiman, Assemblywoman Lopez, Assemblyman McKeon and Assemblywoman McKnight

SYNOPSIS

Establishes Statewide behavioral health crisis system of care.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on June 13, 2022, with amendments.

(Sponsorship Updated As Of: 6/29/2022)

1 **AN ACT** concerning behavioral health crises and supplementing
2 Title 26 of the Revised Statutes and P.L.1997, c.192 (C.26:2S-
3 1 et seq.).

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. The Legislature finds and declares that:

9 a. The current health care system in New Jersey does not
10 always fully address the specific needs of people with behavioral
11 health issues, including mental health conditions and substance use
12 disorders.

13 b. Frequently, people with behavioral health issues are
14 compelled to access care through primary care providers or hospital
15 emergency departments, neither of which are typically equipped to
16 handle the specialized care needed by people with behavioral health
17 issues. Often, people are discharged from these treatment settings
18 without receiving the care or referrals to services needed to treat the
19 individual's particular behavioral health condition.

20 c. Similarly, law enforcement are frequently called upon to
21 respond to acute behavioral health crises. In many cases, the
22 responding law enforcement officers do not possess the specialized
23 training needed to respond to an acute behavioral health crisis, and
24 so are not equipped to adequately assess the situation, de-escalate
25 and resolve the immediate crisis, and access appropriate behavioral
26 health care services.

27 d. Historically, the lack of a comprehensive behavioral health
28 crisis response system has placed marginalized communities,
29 including those experiencing mental health crises, at
30 disproportionate risk of poor outcomes.

31 e. When a behavioral health condition is not appropriately
32 treated by a qualified behavioral health specialist, the condition may
33 worsen over time. In some cases, such as with an individual who
34 has a substance use disorder, the longer the person goes without
35 appropriate treatment, the greater the risk the person will experience
36 a fatal overdose, contract a bloodborne virus and other
37 communicable diseases, or experience other adverse health
38 consequences resulting from the person's continuing substance use.
39 In cases involving a person experiencing suicide ideation, the
40 longer the person goes without treatment, the greater the risk the
41 person will engage in self-harm.

42 f. Additionally, untreated behavioral health conditions can
43 significantly detract from the quality of life of the person with the
44 behavioral health condition and the person's family and friends,

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted June 13, 2022.

1 who frequently feel helpless watching a loved one struggle with the
2 burdens of an untreated mental health condition or substance use
3 disorder.

4 g. Steps have been taken at both the State and federal level to
5 better meet the needs of people with behavioral health conditions.
6 At the federal level, the “National Suicide Hotline Designation Act
7 of 2020,” Pub.L.116-172, and rules adopted by the Federal
8 Communication Commission’s on July 16, 2020 take steps to
9 improve access to crisis resources through a dedicated hotline,
10 similar to 9-1-1, specific to behavioral health crises. At the State
11 level, New Jersey has taken steps to improve access to behavioral
12 health care by streamlining the process for dual licensure for
13 primary and behavioral health care providers, issuing licenses for
14 additional treatment beds, promoting measures to improve access to
15 substance use disorder treatment and support services, and working
16 to expand ready access to behavioral health treatment providers for
17 all New Jerseyans.

18 h. It is now necessary for New Jersey to take the steps required
19 to implement the new national behavioral health crisis hotline in
20 this State.

21 i. It is the intent of the Legislature to support the operations of
22 the national behavioral health crisis hotline in the State, and foster
23 improved behavioral health treatment resources, through the
24 establishment a comprehensive Statewide mobile behavioral health
25 crisis response system, the goals of which will be: improving
26 access to, and the quality of, behavioral health crisis services
27 through, among other measures, a “no wrong door” model of
28 access; reducing the stigma associated with suicide, mental health
29 conditions, and substance use disorders; improving equity in
30 diagnosing and treating mental health conditions and substance use
31 disorders; promoting equity in services for all individuals,
32 regardless of cultural background, race, age, ethnicity, gender,
33 socioeconomic status, or sexual orientation; promoting full access
34 to behavioral health care services across rural, urban, and tribal
35 communities; and ensuring a culturally and linguistically competent
36 response to behavioral health crises.

37

38 2. a. No later than six months after the effective date of this
39 act, the Commissioner of Human Services shall conduct a public
40 solicitation and procurement process to contract for the services of
41 one or more crisis hotline centers to provide crisis intervention
42 services and crisis care coordination to individuals accessing the 9-
43 8-8 suicide prevention and behavioral health crisis hotline. In
44 contracting for the services of crisis hotline centers pursuant to this
45 subsection, the commissioner shall ensure that the selected centers
46 will provide a comprehensive, Statewide network of access 24
47 hours per day, seven days per week.

1 b. The commissioner shall not contract with a crisis hotline
2 center pursuant to subsection a. of this section unless the center
3 meets the standards of the National Suicide Prevention Lifeline and
4 participates in, or has the demonstrated ability to obtain an
5 agreement with, the National Suicide Prevention Hotline network.

6 c. A contracted crisis hotline center shall be responsible for
7 receiving 9-8-8 calls and providing crisis intervention services to 9-
8 8-8 callers, including, as appropriate:

- 9 (1) requesting the dispatch of mobile crisis teams;
10 (2) coordinating crisis care responses and interventions;
11 (3) referring callers to crisis stabilization services; and
12 (4) providing, or facilitating and coordinating, the provision of
13 appropriate follow-up services.

14 d. ¹To the extent possible, and when it would not interfere with
15 responding to an emergency, a contracted crisis hotline center shall
16 attempt to ascertain whether a 9-8-8 caller has children. If the
17 caller has children and the center deems it appropriate, the center
18 shall make a referral to services offered by the Department of
19 Children and Families such as the Children's System of Care or any
20 other referral agency, as appropriate.

21 e.¹ A contracted crisis hotline center shall comply with all
22 standards, operational and equipment requirements, training and
23 qualification requirements for crisis hotline center staff,
24 ¹[requirements concerning interoperability with other emergency
25 contact lines,]¹ requirements concerning geolocation capacity, best
26 practices, and other standards and requirements as are established
27 under the "National Suicide Hotline Designation Act of 2020,"
28 Pub.L.116-172, as are established under rules and regulations
29 adopted by the Federal Communications Commission ¹, as
30 applicable,¹ and by any other federal authority having jurisdiction,
31 and as are established under rules and regulations promulgated by
32 the Commissioner of Human Services.

33 ¹[e. A contracted crisis hotline center shall seek to utilize
34 technology that is interoperable with crisis and emergency response
35 systems used in New Jersey and in neighboring states, to the extent
36 that the use of such systems is reasonable, technologically feasible,
37 and consistent with the requirements of subsection d. of this
38 section.]¹

39 f. The commissioner shall collaborate with other State
40 executive branch departments, offices, and agencies to ensure full
41 communication, information sharing, and coordination among crisis
42 and emergency response systems throughout the State for the
43 purpose of ensuring real-time crisis care coordination including, but
44 not limited to, the deployment of linked, flexible services specific
45 to each crisis response. Executive branch departments, offices, and
46 agencies shall issue any waivers as shall be necessary to implement
47 the provisions of this subsection.

1 g. ¹(1) The commissioner shall collaborate with appropriate
2 behavioral health care providers in the State, including, but not
3 limited to, mental health and substance use disorder treatment
4 providers, local community mental health centers, community-
5 based and hospital emergency departments, and inpatient
6 psychiatric settings, to ensure the coordination of service linkages
7 with contracted hotline centers and mobile crisis response teams
8 and the provision of crisis stabilization services and follow-up
9 services, as appropriate, following the crisis response for a 9-8-8
10 caller.

11 (2) The commissioner shall establish agreements and
12 information sharing procedures, as appropriate, with behavioral
13 health care providers as shall be necessary to implement the
14 provisions of this subsection. Such information sharing procedures
15 shall include, but not be limited to, the sharing of information
16 concerning the availability of services provided by a behavioral
17 health care provider.

18 h.¹ The commissioner shall develop an informational campaign
19 to promote awareness of the nature and availability of the 9-8-8
20 hotline to respond to behavioral health crises. The commissioner
21 shall consult with the National Suicide Prevention Lifeline and the
22 Veterans Crisis Line networks to foster consistency in public
23 messaging concerning 9-8-8 services.
24

25 3. a. The Commissioner of Human Services shall establish a
26 comprehensive Statewide mobile behavioral health crisis response
27 system, which shall, at a minimum:

28 (1) be capable of providing behavioral health crisis response
29 services throughout the State 24 hours per day, seven days per
30 week;

31 (2) respond to behavioral health crisis dispatch requests made
32 by crisis hotline centers that have contracted with the Department of
33 Human Services pursuant to subsection a. of section 2 of this act
34 and other dispatch centers using mobile crisis response teams and
35 other appropriate resources and services;

36 (3) provide behavioral health crisis stabilization services,
37 including, but not limited to, referrals to appropriate behavioral
38 health services providers for additional care following resolution of
39 the immediate behavioral health crisis; and

40 (4) provide follow-up services for people who contact a crisis
41 response center to ensure continuity of care and provide additional
42 referrals or other services as may be appropriate to the person's
43 ongoing treatment needs.

44 b. In establishing the Statewide mobile behavioral health crisis
45 response system pursuant to this section, the commissioner shall
46 hold at least ¹~~one~~ ^{two} public ¹~~hearing~~ in each of the northern,
47 central, and southern regions of the State ~~hearings, at least one of~~
48 which shall be conducted virtually via videoconferencing¹.

1 c. The Commissioner of Human Services shall adopt rules and
2 regulations, pursuant to the “Administrative Procedure Act,”
3 P.L.1968, c.410 (C.52:14B-1 et seq.), establishing:

4 (1) qualification, training, and experience requirements for crisis
5 hotline center and mobile crisis response team staff;

6 (2) composition requirements for mobile crisis response teams,
7 which, at a minimum, shall include at least one licensed or certified
8 behavioral health care professional and at least one certified peer;
9 and

10 (3) the scope of practice, operational protocols, and vehicle and
11 equipment requirements for mobile crisis response teams, which
12 requirements may provide for the establishment of crisis response
13 teams capable of providing specialized responses to behavioral
14 health crises involving particular types of mental health conditions.

15 d. Mobile crisis response teams shall be community based and
16 may incorporate the use of: emergency medical technicians and
17 other health care providers, to the extent a medical response is
18 needed; law enforcement personnel, to the extent that the crisis
19 cannot be resolved without the presence of law enforcement,
20 provided that, whenever possible, the mobile crisis response team
21 shall seek to engage the services of law enforcement personnel who
22 have completed training in behavioral health crisis response; and
23 other professionals as may be necessary and appropriate to provide
24 a comprehensive response to a behavioral health crisis.

25 e. Notwithstanding the requirement that mobile crisis response
26 teams be community based, nothing in this section shall be
27 construed to prohibit the provision of crisis intervention services via
28 telephone, video chat, or other appropriate communications media,
29 if the use of these media are necessary to provide access to a needed
30 service in response to a particular behavioral health crisis, and the
31 provision of services using telephone, video chat, or other media is
32 consistent with the needs of the person experiencing the behavioral
33 health crisis.

34
35 4. a. Each crisis hotline center that has contracted with the
36 Department of Human Services pursuant to subsection a. of section
37 2 of this act shall submit a monthly report to the Department of
38 Human Services identifying, for the preceding month: the number
39 of 9-8-8 calls received; the number of calls made directly to the 9-8-
40 8 number and the number of calls that were transferred or referred
41 from a 9-1-1 call center; the number of mobile crisis response teams
42 dispatched; the number of referrals made to services and the types
43 of services for which referrals were made; the number and type of
44 follow-up services provided or facilitated and coordinated by the
45 crisis hotline center; 1the number of calls that did not result in a
46 referral, follow-up service, or dispatch of a mobile crisis response
47 team; to the extent possible, information regarding the nature of the
48 calls that did not result in a referral, follow-up service, or dispatch

1 of a mobile crisis response team¹ ; and any other information as
2 shall be required by the Commissioner of Human Services.

3 b. Each mobile crisis response team shall submit a monthly
4 report to the Department of Human Services identifying, for the
5 preceding month: the number of dispatch calls the team received;
6 the number of dispatch calls the team responded to; the number of
7 dispatch calls that included a response by emergency medical
8 services providers, law enforcement, or both; the proportion of total
9 services that were provided in person, via telephone, via video call,
10 and via other means; ¹the number of mobile crisis responses that
11 resulted in referrals for services and the types of services that were
12 referred; the number of responses that did not result in a referral or
13 follow-up service; to the extent possible, information regarding the
14 nature of the mobile crisis responses that did and did not result in a
15 referral or follow-up service;¹ and any other information as shall be
16 required by the Commissioner of Human Services.

17 c. The Commissioner of Human Services shall designate the
18 form and manner by which the reports required under subsections a.
19 and b. of this section shall be submitted.

20 d. Commencing 24 months after the effective date of this act,
21 and annually thereafter, the Commissioner of Human Services shall
22 prepare and submit to the Governor and, pursuant to section 2 of
23 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report
24 concerning the Statewide behavioral health crisis system of care,
25 including, for the preceding year: the total number of calls received
26 by crisis hotline centers that have contracted with the Department of
27 Human Services pursuant to subsection a. of section 2 of this act,
28 including the number of direct 9-8-8 calls and the number of calls
29 referred from a 9-1-1 call center; the total number of mobile crisis
30 response teams dispatched; the number of crisis interventions that
31 involved emergency medical services, law enforcement, or both; the
32 proportion of total mobile crisis response services that were
33 provided in person, via telephone, via video call, and via other
34 means; the number of referrals made to services, including the
35 number of referrals made to each type of service; the nature of
36 behavioral health crisis stabilization services provided and an
37 analysis of the effects of providing behavioral health crisis
38 stabilization services in lieu of a response by law enforcement or
39 services provided through a hospital emergency department or other
40 medical care provider; the nature of follow-up services provided
41 and an analysis of the effects of providing follow-up services;
42 ¹deposits into, and expenditures from, the 9-8-8 trust fund
43 established pursuant to section 5 of this act】 program operating
44 costs of the Statewide behavioral health crisis system of care¹ ; the
45 commissioner's assessment of the benefits and limitations of the
46 Statewide behavioral health crisis system of care and the
47 commissioner's recommendations for legislative or administrative
48 action to support and improve the Statewide behavioral health crisis

1 system of care; and any other information the commissioner deems
2 necessary and appropriate.

3
4 ¹5. a. There is established in the Department of the Treasury
5 within the General Fund a special account to be known as the “9-8-
6 8 System and Response Trust Fund Account.” Funds credited to the
7 account shall include:

8 (1) monies from a Statewide 9-8-8 fee assessed pursuant to
9 subsection a. of section 6 of this act;

10 (2) monies appropriated to the fund;

11 (3) grants and gifts intended for deposit in the fund;

12 (4) interest, premiums, gains, or other earnings on the fund; and

13 (5) any other monies that are deposited in or transferred to the
14 fund.

15 b. The Commissioner of Human Services shall seek out and
16 apply for all sources of federal funding as may be available to
17 support the Statewide behavioral health crisis system of care,
18 including, but not limited to, applying for such State plan
19 amendments or waivers as may be necessary to secure federal
20 financial participation for State Medicaid expenditures under the
21 federal Medicaid program.

22 c. Monies in the trust fund account shall be dedicated to the
23 costs incurred in establishing, administering, and maintaining the
24 Statewide behavioral health crisis system of care pursuant to this
25 act. Monies in the trust fund account:

26 (1) shall not revert to the General Fund at the end of any fiscal
27 year, and shall remain available for the purposes of the trust fund
28 account in subsequent fiscal years;

29 (2) shall not be subject to transfer to any other fund or account,
30 or to transfer, assignment, or reassignment for any use or purpose
31 other than those described in paragraph (3) of this subsection; and

32 (3) subject to the provisions of paragraph (2) of subsection d. of
33 section 6 of this act, shall be continuously appropriated to the
34 Department of Human Services for the purposes of supporting the
35 provision of acute behavioral health care, crisis outreach, and
36 stabilization services in response to calls received by the 9–8–8
37 national suicide prevention and behavioral health crisis hotline, as
38 well as establishing, administering, maintaining, and evaluating the
39 Statewide behavioral health crisis system of care. ¹

40
41 ¹6. a. Consistent with the provisions of the “National Suicide
42 Hotline Designation Act of 2020,” Pub.L.116-172, there shall be
43 imposed on each resident of New Jersey who is a subscriber of
44 commercial mobile services or IP-enabled voice services, a monthly
45 Statewide 9-8-8 fee on any periodic bill received by the customer
46 for the commercial mobile service or IP-enabled voice service. The
47 amount of the fee shall be established by the Commissioner of
48 Human Services on an annual basis in an amount that is

1 commensurate with the costs of supporting the operations of crisis
2 hotline centers that have contracted with the Department of Human
3 Services pursuant to subsection a. of section 2 of this act, including
4 personnel, equipment, maintenance, and related costs. The fee
5 established pursuant to this subsection shall not be applied to
6 mobile service users who receive benefits under the federal Lifeline
7 program as defined in 47 CFR 54.401.

8 b. The fee imposed under subsection a. of this section shall be
9 collected by the mobile telecommunications company or the
10 telecommunications company providing the applicable service to its
11 customers upon payment of any periodic bill for such service. This
12 section shall not be deemed as extending to a mobile
13 telecommunications company or a telecommunications company
14 that provides IP-enabled services any obligation or authority
15 otherwise not provided pursuant to law, to take legal action to
16 enforce the collection of the fee imposed upon the customer. Any
17 such action shall be brought by the State against the customer with
18 any cooperation requested by the State of the mobile
19 telecommunications company or the telecommunications company
20 that provides IP-enabled services as the State deems necessary.

21 c. (1) The fees collected pursuant to subsection a. of this
22 section shall be collected monthly and reported and paid to the
23 Director of the Division of Taxation in the Department of the
24 Treasury on a quarterly basis in a manner prescribed by the director,
25 which, notwithstanding the provisions of subsection b. of section 1
26 of P.L.1992, c.140 (C.54:48-4.1) if any, to the contrary, shall be
27 subject to the provisions of section 1 of P.L.1992, c.140 (C.54:48-
28 4.1) as the director shall prescribe, and the State Treasurer shall
29 credit the fee revenue to the "9-8-8 System and Response Trust
30 Fund Account" established pursuant to section 5 of this act.

31 (2) Each mobile telecommunications company and
32 telecommunications company that provides IP-enabled services
33 shall be liable for the fee imposed, collected, or required to be paid,
34 collected, or remitted under the provisions of subsection a. of this
35 section. Any such company shall have the same right in respect to
36 collecting the fee from that company's customer or in respect to
37 non-payment of the fee by the customer as if the fee were a part of
38 the purchase price of the applicable telecommunications service and
39 payable at the same time; provided however, that the director shall
40 be joined as a party in any action or proceeding brought to collect
41 the fee.

42 d. (1) Revenue from the 9-8-8 fee shall be dedicated to
43 supporting the implementation of the provisions of section 2 of this
44 act, including offsetting costs that are reasonably attributed to:

45 (a) ensuring efficient and effective routing of calls made to the
46 9-8-8 suicide prevention and behavioral health crisis hotline to a
47 crisis hotline center that has contracted with the Department of
48 Human Services pursuant to subsection a. of section 2 of this act;

1 (b) staffing and other personnel costs, including specialized
2 training for staff to serve at-risk communities with culturally and
3 linguistically competent services designed to meet the needs of
4 diverse communities, including racial and ethnic minorities, diverse
5 socioeconomic populations, and the LGBTQ+ community; and

6 (c) supporting technological infrastructure enhancements
7 necessary to achieve operational and clinical standards and best
8 practices set forth by the National Suicide Prevention Lifeline.

9 (2) Revenue from the 9-8-8 fee shall not be utilized for any
10 purpose other than those provided in paragraph (1) of this
11 subsection.

12 (3) To assist the Commissioner of Human Services in
13 implementing the provisions of this subsection, the State Treasurer
14 shall annually certify to the Commissioner of Human Services the
15 total revenue generated from the 9-8-8 fee as opposed to other
16 sources of revenue deposited in the "9-8-8 System and Response
17 Trust Fund Account" established pursuant to section 5 of this act.

18 e. As used in this section, "commercial mobile services" and
19 "IP-enabled voice services" mean the same as those terms are
20 defined in section 4 of the "National Suicide Hotline Designation
21 Act of 2020," Pub.L.116-172 (47 U.S.C. s.251a).¹

22
23 ¹5. a. The Commissioner of Human Services, in consultation
24 with the State Treasurer, the Director of the Division of Taxation in
25 the Department of the Treasury, the Assistant Commissioner for the
26 Division of Mental Health and Addiction Services in the
27 Department of Human Services, and the Attorney General, shall
28 conduct a study concerning the implementation of the 9-8-8 suicide
29 prevention and behavioral health crisis hotline and shall prepare a
30 report:

31 (1) detailing the resources necessary to make the 9-8-8 suicide
32 prevention and behavioral health crisis hotline available,
33 operational, and effective Statewide, including an evaluation of
34 available and new revenue sources to support the implementation,
35 staffing, and ongoing activities of 9-8-8 services that are reasonably
36 attributed to implementing the provisions of section 2 of this act;
37 and

38 (2) assessing if the implementation of a fee, as permitted
39 pursuant to the "National Suicide Hotline Designation Act of 2020,"
40 Pub.L.116-172, is necessary to support the 9-8-8 suicide prevention
41 and behavioral health crisis hotline and, if the fee is determined to
42 be necessary, making recommendations on the amount of the fee,
43 the manner in which the fee will be collected, and the establishment
44 of a special account to serve as a repository for monies dedicated to
45 the implementation of the hotline system.

46 b. In conducting the study and preparing the report required
47 pursuant to subsection a. of this section, the Commissioner of
48 Human Services shall solicit public comments and may hold public

1 hearings at such times and places as the commissioner deems
2 appropriate. The Commissioner of Human Services shall submit
3 the report required under this section to the Governor and, pursuant
4 to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature,
5 no later than April 1, 2023.¹

6
7 ¹**[7.] 6.**¹ The Commissioner of Human Services shall ¹;

8 a.¹ implement the provisions of this act in a manner that is
9 consistent with timeframes required by the “National Suicide
10 Hotline Designation Act of 2020,” Pub.L.166-172, and the Federal
11 Communication Commission’s rules adopted on July 16, 2020 ¹;

12 and

13 b. seek out and apply for all sources of federal funding as may
14 be available to support the Statewide behavioral health crisis system
15 of care, including, but not limited to, applying for such State plan
16 amendments or waivers as may be necessary to secure federal
17 financial participation for State Medicaid expenditures under the
18 federal Medicaid program¹ .

19
20 ¹**[8.] 7.**¹ Each executive branch department, office, and
21 agency having authority over a crisis and emergency response
22 system shall, in consultation with the Commissioner of Human
23 Services, promulgate rules and regulations, pursuant to the
24 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
25 seq.), as shall be necessary to implement the provisions of this act,
26 including as are necessary to ensure full communication,
27 information sharing, and coordination among crisis and emergency
28 response systems throughout the State for the purpose of ensuring
29 real-time crisis care coordination as provided in subsection f. of
30 section 2 of this act.

31
32 ¹**[9.] 8.**¹ A carrier that offers a health benefits plan in this
33 State shall ensure that the plan provides comprehensive coverage
34 for behavioral health crisis intervention services provided pursuant
35 to section 3 of P.L. , c. (C.) (pending before the Legislature
36 as this bill) under the same terms and conditions as provided for any
37 other sickness under the plan and shall meet the requirements of the
38 federal Paul Wellstone and Pete Domenici Mental Health Parity and
39 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
40 amendments to, and federal guidance or regulations issued under
41 that act, including 45 C.F.R. Parts 146 and 147 and
42 45 C.F.R. s.156.115(a)(3).

43
44 ¹**[10.] 9.**¹ This act shall take effect immediately.