

Title 26.
Chapter 2MM.
(Rename)
Behavioral
Health Issues.
Article 1. (New)
Elderly Person
Suicide
Prevention.
C.26:2MM-1 to
26:2MM-4
Article 2. (New)
Statewide
Behavioral
Health Care
Response
System.
§§1-7
C.26:2MM-5
to 26:2MM-11
§8
C.26:2S-40

P.L. 2022, CHAPTER 35, *approved June 30, 2022*
Senate Committee Substitute (*Second Reprint*) for
Senate, No. 311

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- AN ACT** concerning behavioral health crises and supplementing
Title 26 of the Revised Statutes and P.L.1997, c.192 (C.26:2S-1
et seq.).
- BE IT ENACTED** *by the Senate and General Assembly of the State
of New Jersey:*
1. The Legislature finds and declares that:
- a. The current health care system in New Jersey does not
always fully address the specific needs of people with behavioral
health issues, including mental health conditions and substance use
disorders.
- b. Frequently, people with behavioral health issues are
compelled to access care through primary care providers or hospital
emergency departments, neither of which are typically equipped to
handle the specialized care needed by people with behavioral health
issues. Often, people are discharged from these treatment settings

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:
¹Senate SBA committee amendments adopted June 6, 2022.
²Assembly floor amendments adopted June 29, 2022.

- 1 without receiving the care or referrals to services needed to treat the
2 individual's particular behavioral health condition.
- 3 c. Similarly, law enforcement are frequently called upon to
4 respond to acute behavioral health crises. In many cases, the
5 responding law enforcement officers do not possess the specialized
6 training needed to respond to an acute behavioral health crisis, and
7 so are not equipped to adequately assess the situation, de-escalate
8 and resolve the immediate crisis, and access appropriate behavioral
9 health care services.
- 10 d. Historically, the lack of a comprehensive behavioral health
11 crisis response system has placed marginalized communities,
12 including those experiencing mental health crises, at
13 disproportionate risk of poor outcomes.
- 14 e. When a behavioral health condition is not appropriately
15 treated by a qualified behavioral health specialist, the condition may
16 worsen over time. In some cases, such as with an individual who
17 has a substance use disorder, the longer the person goes without
18 appropriate treatment, the greater the risk the person will experience
19 a fatal overdose, contract a bloodborne virus and other
20 communicable diseases, or experience other adverse health
21 consequences resulting from the person's continuing substance use.
22 In cases involving a person experiencing suicide ideation, the
23 longer the person goes without treatment, the greater the risk the
24 person will engage in self-harm.
- 25 f. Additionally, untreated behavioral health conditions can
26 significantly detract from the quality of life of the person with the
27 behavioral health condition and the person's family and friends,
28 who frequently feel helpless watching a loved one struggle with the
29 burdens of an untreated mental health condition or substance use
30 disorder.
- 31 g. Steps have been taken at both the State and federal level to
32 better meet the needs of people with behavioral health conditions.
33 At the federal level, the "National Suicide Hotline Designation Act
34 of 2020," Pub.L.116-172, and rules adopted by the Federal
35 Communication Commission's on July 16, 2020 take steps to
36 improve access to crisis resources through a dedicated hotline,
37 similar to 9-1-1, specific to behavioral health crises. At the State
38 level, New Jersey has taken steps to improve access to behavioral
39 health care by streamlining the process for dual licensure for
40 primary and behavioral health care providers, issuing licenses for
41 additional treatment beds, promoting measures to improve access to
42 substance use disorder treatment and support services, and working
43 to expand ready access to behavioral health treatment providers for
44 all New Jerseyans.
- 45 h. It is now necessary for New Jersey to take the steps required
46 to implement the new national behavioral health crisis hotline in
47 this State.

1 i. It is the intent of the Legislature to support the operations of
 2 the national behavioral health crisis hotline in the State, and foster
 3 improved behavioral health treatment resources, through the
 4 establishment a comprehensive Statewide mobile behavioral health
 5 crisis response system, the goals of which will be: improving
 6 access to, and the quality of, behavioral health crisis services
 7 through, among other measures, a “no wrong door” model of
 8 access; reducing the stigma associated with suicide, mental health
 9 conditions, and substance use disorders; improving equity in
 10 diagnosing and treating mental health conditions and substance use
 11 disorders; promoting equity in services for all individuals,
 12 regardless of cultural background, race, age, ethnicity, gender,
 13 socioeconomic status, or sexual orientation; promoting full access
 14 to behavioral health care services across rural, urban, and tribal
 15 communities; and ensuring a culturally and linguistically competent
 16 response to behavioral health crises.

17
 18 2. a. No later than six months after the effective date of this
 19 act, the Commissioner of Human Services shall conduct a public
 20 solicitation and procurement process to contract for the services of
 21 one or more crisis hotline centers to provide crisis intervention
 22 services and crisis care coordination to individuals accessing the 9-
 23 8-8 suicide prevention and behavioral health crisis hotline. In
 24 contracting for the services of crisis hotline centers pursuant to this
 25 subsection, the commissioner shall ensure that the selected centers
 26 will provide a comprehensive, Statewide network of access 24
 27 hours per day, seven days per week.

28 b. The commissioner shall not contract with a crisis hotline
 29 center pursuant to subsection a. of this section unless the center
 30 meets the standards of the National Suicide Prevention Lifeline and
 31 participates in, or has the demonstrated ability to obtain an
 32 agreement with, the National Suicide Prevention Hotline network.

33 c. A contracted crisis hotline center shall be responsible for
 34 receiving 9-8-8 calls and providing crisis intervention services to 9-
 35 8-8 callers, including, as appropriate:

- 36 (1) requesting the dispatch of mobile crisis teams;
- 37 (2) coordinating crisis care responses and interventions;
- 38 (3) referring callers to crisis stabilization services; and
- 39 (4) providing, or facilitating and coordinating, the provision of
 40 appropriate follow-up services.

41 d. ¹To the extent possible, ²and when it would not interfere
 42 with responding to an emergency, ² a contracted crisis hotline center
 43 shall ²[be responsible for ascertaining] attempt to ascertain²
 44 whether a 9-8-8 caller has children. If the caller has children and the
 45 center deems it appropriate, the center shall make a referral to ²[the
 46 Children’s System of Care in the Department of Child and
 47 Families] services offered by the Department of Children and

1 Families such as the Children’s System of Care or any other referral
2 agency, as appropriate² .

3 e.¹ A contracted crisis hotline center shall comply with all
4 standards, operational and equipment requirements, training and
5 qualification requirements for crisis hotline center staff,
6 ¹ [requirements concerning interoperability with other emergency
7 contact lines,] ¹ requirements concerning geolocation capacity, best
8 practices, and other standards and requirements as are established
9 under the “National Suicide Hotline Designation Act of 2020,”
10 Pub.L.116-172, as are established under rules and regulations
11 adopted by the Federal Communications Commission ¹, as
12 applicable,¹ and by any other federal authority having jurisdiction,
13 and as are established under rules and regulations promulgated by
14 the Commissioner of Human Services.

15 ¹ [e. A contracted crisis hotline center shall seek to utilize
16 technology that is interoperable with crisis and emergency response
17 systems used in New Jersey and in neighboring states, to the extent
18 that the use of such systems is reasonable, technologically feasible,
19 and consistent with the requirements of subsection d. of this
20 section.]¹

21 f. The commissioner shall collaborate with other State
22 executive branch departments, offices, and agencies to ensure full
23 communication, information sharing, and coordination among crisis
24 and emergency response systems throughout the State for the
25 purpose of ensuring real-time crisis care coordination including, but
26 not limited to, the deployment of linked, flexible services specific
27 to each crisis response. Executive branch departments, offices, and
28 agencies shall issue any waivers as shall be necessary to implement
29 the provisions of this subsection.

30 ¹g. (1) The commissioner shall collaborate with appropriate
31 behavioral health care providers in the State, including, but not
32 limited to, mental health and substance use disorder treatment
33 providers, local community mental health centers, community-
34 based and hospital emergency departments, and inpatient
35 psychiatric settings, to ensure the coordination of service linkages
36 with contracted hotline centers and mobile crisis response teams
37 and the provision of crisis stabilization services and follow-up
38 services, as appropriate, following the crisis response for a 9-8-8
39 caller.

40 (2) The commissioner shall establish agreements and
41 information sharing procedures, as appropriate, with behavioral
42 health care providers as shall be necessary to implement the
43 provisions of this subsection. Such information sharing procedures
44 shall include, but not be limited to, the sharing of information
45 concerning the availability of services provided by a behavioral
46 health care provider.¹

1 ¹~~g.~~ h.¹ The commissioner shall develop an informational
2 campaign to promote awareness of the nature and availability of the
3 9-8-8 hotline to respond to behavioral health crises. The
4 commissioner shall consult with the National Suicide Prevention
5 Lifeline and the Veterans Crisis Line networks to foster consistency
6 in public messaging concerning 9-8-8 services.

7
8 3. a. The Commissioner of Human Services shall establish a
9 comprehensive Statewide mobile behavioral health crisis response
10 system, which shall, at a minimum:

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

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

19 (3) provide behavioral health crisis stabilization services,
20 including, but not limited to, referrals to appropriate behavioral
21 health services providers for additional care following resolution of
22 the immediate behavioral health crisis; and

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

27 b. In establishing the Statewide mobile behavioral health crisis
28 response system pursuant to this section, the commissioner shall
29 hold at least ¹~~one~~ two¹ public ¹~~hearing~~ in each of the northern,
30 central, and southern regions of the State ~~hearings~~ ²~~and~~ ² at
31 least one of ²~~the public hearings~~ which² shall be conducted
32 virtually via videoconferencing¹.

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

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

38 (2) composition requirements for mobile crisis response teams,
39 which, at a minimum, shall include at least one licensed or certified
40 behavioral health care professional and at least one certified peer;
41 and

42 (3) the scope of practice, operational protocols, and vehicle and
43 equipment requirements for mobile crisis response teams, which
44 requirements may provide for the establishment of crisis response
45 teams capable of providing specialized responses to behavioral
46 health crises involving particular types of mental health conditions.

1 d. Mobile crisis response teams shall be community based and
 2 may incorporate the use of: emergency medical technicians and
 3 other health care providers, to the extent a medical response is
 4 needed; law enforcement personnel, to the extent that the crisis
 5 cannot be resolved without the presence of law enforcement,
 6 provided that, whenever possible, the mobile crisis response team
 7 shall seek to engage the services of law enforcement personnel who
 8 have completed training in behavioral health crisis response; and
 9 other professionals as may be necessary and appropriate to provide
 10 a comprehensive response to a behavioral health crisis.

11 e. Notwithstanding the requirement that mobile crisis response
 12 teams be community based, nothing in this section shall be
 13 construed to prohibit the provision of crisis intervention services via
 14 telephone, video chat, or other appropriate communications media,
 15 if the use of these media are necessary to provide access to a needed
 16 service in response to a particular behavioral health crisis, and the
 17 provision of services using telephone, video chat, or other media is
 18 consistent with the needs of the person experiencing the behavioral
 19 health crisis.

20
 21 4. a. Each crisis hotline center that has contracted with the
 22 Department of Human Services pursuant to subsection a. of section
 23 2 of this act shall submit a monthly report to the Department of
 24 Human Services identifying, for the preceding month: the number
 25 of 9-8-8 calls received; the number of calls made directly to the 9-8-
 26 8 number and the number of calls that were transferred or referred
 27 from a 9-1-1 call center; the number of mobile crisis response teams
 28 dispatched; the number of referrals made to services and the types
 29 of services for which referrals were made; the number and type of
 30 follow-up services provided or facilitated and coordinated by the
 31 crisis hotline center; ¹the number of calls that did not result in a
 32 referral, ²["follow up"] follow-up service², or dispatch of a mobile
 33 crisis response team; to the extent possible, information regarding
 34 the nature of the calls that did not result in a referral, ²["follow up"]
 35 follow-up service², or dispatch of a mobile crisis response team¹;
 36 and any other information as shall be required by the Commissioner
 37 of Human Services.

38 b. Each mobile crisis response team shall submit a monthly
 39 report to the Department of Human Services identifying, for the
 40 preceding month: the number of dispatch calls the team received;
 41 the number of dispatch calls the team responded to; the number of
 42 dispatch calls that included a response by emergency medical
 43 services providers, law enforcement, or both; the proportion of total
 44 services that were provided in person, via telephone, via video call,
 45 and via other means; ¹the number of mobile crisis responses that
 46 resulted in referrals for services and the types of services that were
 47 referred; the number of responses that did not result in a referral or

1 ²["follow up"] follow-up service² ; to the extent possible, information
 2 regarding the nature of the mobile crisis responses that did and did
 3 not result in ²["referrals"] a referral² or ²["follow-ups"] follow-up
 4 service² ;¹ and any other information as shall be required by the
 5 Commissioner of Human Services.

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

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

40

41 ¹["5. a. There is established in the Department of the Treasury
 42 within the General Fund a special account to be known as the "9-8-
 43 8 System and Response Trust Fund Account." Funds credited to the
 44 account shall include:

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

47 (2) monies appropriated to the fund;

1 (3) grants and gifts intended for deposit in the fund;
2 (4) interest, premiums, gains, or other earnings on the fund; and
3 (5) any other monies that are deposited in or transferred to the
4 fund.

5 b. The Commissioner of Human Services shall seek out and
6 apply for all sources of federal funding as may be available to
7 support the Statewide behavioral health crisis system of care,
8 including, but not limited to, applying for such State plan
9 amendments or waivers as may be necessary to secure federal
10 financial participation for State Medicaid expenditures under the
11 federal Medicaid program.

12 c. Monies in the trust fund account shall be dedicated to the
13 costs incurred in establishing, administering, and maintaining the
14 Statewide behavioral health crisis system of care pursuant to this
15 act. Monies in the trust fund account:

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

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

22 (3) subject to the provisions of paragraph (2) of subsection d. of
23 section 6 of this act, shall be continuously appropriated to the
24 Department of Human Services for the purposes of supporting the
25 provision of acute behavioral health care, crisis outreach, and
26 stabilization services in response to calls received by the 9-8-8
27 national suicide prevention and behavioral health crisis hotline, as
28 well as establishing, administering, maintaining, and evaluating the
29 Statewide behavioral health crisis system of care.】¹
30

31 ¹【6. a. Consistent with the provisions of the “National Suicide
32 Hotline Designation Act of 2020,” Pub.L.116-172, there shall be
33 imposed on each resident of New Jersey who is a subscriber of
34 commercial mobile services or IP-enabled voice services, a monthly
35 Statewide 9-8-8 fee on any periodic bill received by the customer
36 for the commercial mobile service or IP-enabled voice service. The
37 amount of the fee shall be established by the Commissioner of
38 Human Services on an annual basis in an amount that is
39 commensurate with the costs of supporting the operations of crisis
40 hotline centers that have contracted with the Department of Human
41 Services pursuant to subsection a. of section 2 of this act, including
42 personnel, equipment, maintenance, and related costs. The fee
43 established pursuant to this subsection shall not be applied to
44 mobile service users who receive benefits under the federal Lifeline
45 program as defined in 47 CFR 54.401.

46 b. The fee imposed under subsection a. of this section shall be
47 collected by the mobile telecommunications company or the
48 telecommunications company providing the applicable service to its

1 customers upon payment of any periodic bill for such service. This
 2 section shall not be deemed as extending to a mobile
 3 telecommunications company or a telecommunications company
 4 that provides IP-enabled services any obligation or authority
 5 otherwise not provided pursuant to law, to take legal action to
 6 enforce the collection of the fee imposed upon the customer. Any
 7 such action shall be brought by the State against the customer with
 8 any cooperation requested by the State of the mobile
 9 telecommunications company or the telecommunications company
 10 that provides IP-enabled services as the State deems necessary.

11 c. (1) The fees collected pursuant to subsection a. of this section
 12 shall be collected monthly and reported and paid to the Director of
 13 the Division of Taxation in the Department of the Treasury on a
 14 quarterly basis in a manner prescribed by the director, which,
 15 notwithstanding the provisions of subsection b. of section 1 of
 16 P.L.1992, c.140 (C.54:48-4.1) if any, to the contrary, shall be
 17 subject to the provisions of section 1 of P.L.1992, c.140 (C.54:48-
 18 4.1) as the director shall prescribe, and the State Treasurer shall
 19 credit the fee revenue to the "9-8-8 System and Response Trust
 20 Fund Account" established pursuant to section 5 of this act.

21 (2) Each mobile telecommunications company and
 22 telecommunications company that provides IP-enabled services
 23 shall be liable for the fee imposed, collected, or required to be paid,
 24 collected, or remitted under the provisions of subsection a. of this
 25 section. Any such company shall have the same right in respect to
 26 collecting the fee from that company's customer or in respect to
 27 non-payment of the fee by the customer as if the fee were a part of
 28 the purchase price of the applicable telecommunications service and
 29 payable at the same time; provided however, that the director shall
 30 be joined as a party in any action or proceeding brought to collect
 31 the fee.

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

35 (a) ensuring efficient and effective routing of calls made to the 9-
 36 8-8 suicide prevention and behavioral health crisis hotline to a crisis
 37 hotline center that has contracted with the Department of Human
 38 Services pursuant to subsection a. of section 2 of this act;

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

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

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

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

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

14
15 ¹5. a. The Commissioner of Human Services, in consultation
16 with the State Treasurer, the Director of the Division of Taxation in
17 the Department of the Treasury, ²the² Assistant Commissioner for
18 the Division of Mental Health and Addiction Services in the
19 Department of Human Services, and the Attorney General, shall
20 ²conduct a² study ²concerning the implementation of the 9-8-8
21 suicide prevention and behavioral health crisis hotline² and ²shall²
22 prepare a report:

23 (1) detailing the resources necessary to make the 9-8-8 suicide
24 prevention and behavioral health crisis hotline available,
25 operational, and effective Statewide, including an evaluation of
26 available and new revenue sources to support the implementation,
27 staffing, and ongoing activities of 9-8-8 services that are reasonably
28 attributed to implementing the provisions of section 2 of this act;
29 and

30 (2) assessing if the implementation of a fee, as permitted
31 pursuant to the "National Suicide Hotline Designation Act of 2020,"
32 Pub.L.116-172, is necessary to support the 9-8-8 suicide prevention
33 and behavioral health crisis hotline and, if the fee is determined to
34 be necessary, making recommendations on the amount of the fee,
35 the manner in which the fee will be collected, and the establishment
36 of a special account to serve as a repository for monies dedicated to
37 the implementation of the hotline system.

38 b. In conducting the study and preparing the report required
39 pursuant to subsection a. of this section, the Commissioner of
40 Human Services shall solicit public comments and may hold public
41 hearings at such times and places as the commissioner deems
42 appropriate. The Commissioner of Human Services shall submit
43 the report required under this section to the Governor and, pursuant
44 to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature,
45 no later than April 1, 2023.¹

46
47 ¹**[7.] 6.**¹ The Commissioner of Human Services shall ¹;

1 a.¹ implement the provisions of this act in a manner that is
2 consistent with timeframes required by the “National Suicide
3 Hotline Designation Act of 2020,” Pub.L.166-172, and the Federal
4 Communication Commission’s rules adopted on July 16, 2020 ¹;
5 ²and²

6 b. seek out and apply for all sources of federal funding as may
7 be available to support the Statewide behavioral health crisis system
8 of care, including, but not limited to, applying for such State plan
9 amendments or waivers as may be necessary to secure federal
10 financial participation for State Medicaid expenditures under the
11 federal Medicaid program¹ .

12
13 ¹**[8.] 7.**¹ Each executive branch department, office, and
14 agency having authority over a crisis and emergency response
15 system shall, in consultation with the Commissioner of Human
16 Services, promulgate rules and regulations, pursuant to the
17 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
18 seq.), as shall be necessary to implement the provisions of this act,
19 including as are necessary to ensure full communication,
20 information sharing, and coordination among crisis and emergency
21 response systems throughout the State for the purpose of ensuring
22 real-time crisis care coordination as provided in subsection f. of
23 section 2 of this act.

24
25 ¹**[9.] 8.**¹ A carrier that offers a health benefits plan in this
26 State shall ensure that the plan provides comprehensive coverage
27 for behavioral health crisis intervention services provided pursuant
28 to section 3 of P.L. , c. (C.) (pending before the Legislature
29 as this bill) under the same terms and conditions as provided for any
30 other sickness under the plan and shall meet the requirements of the
31 federal Paul Wellstone and Pete Domenici Mental Health Parity and
32 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
33 amendments to, and federal guidance or regulations issued under
34 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
35 s.156.115(a)(3).

36
37 ¹**[10.] 9.**¹ This act shall take effect immediately.
38
39
40
41

42 Establishes Statewide behavioral health crisis system of care.