

[First Reprint]

SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE, No. 311**

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**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

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ADOPTED FEBRUARY 3, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator VIN GOPAL**

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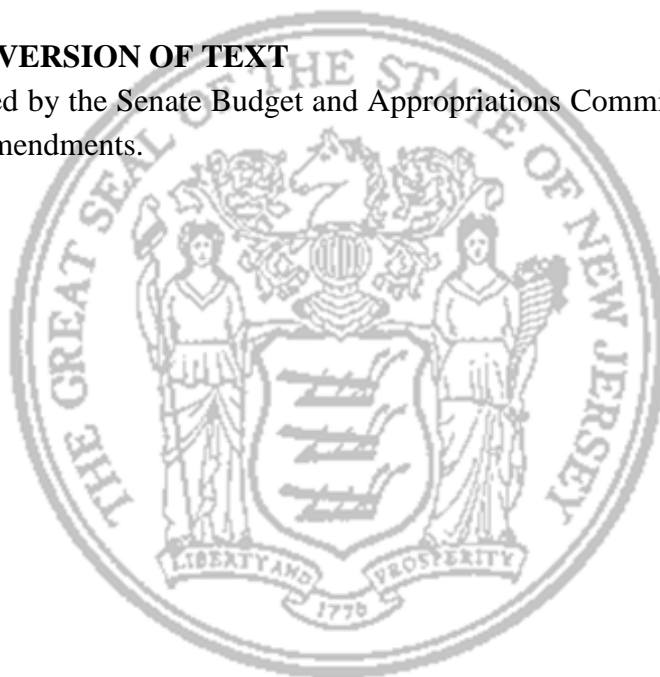
**Senators Cryan, Ruiz, Codey, Cunningham, Schepisi, Scutari and Pou**

**SYNOPSIS**

Establishes Statewide behavioral health crisis system of care.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on June 6, 2022, with amendments.



(Sponsorship Updated As Of: 6/16/2022)

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-1  
3 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:

<sup>1</sup>Senate SBA committee amendments adopted June 6, 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. <sup>1</sup>To the extent possible, a contracted crisis hotline center  
15 shall be responsible for ascertaining whether a 9-8-8 caller has  
16 children. If the caller has children and the center deems it  
17 appropriate, the center shall make a referral to the Children's  
18 System of Care in the Department of Child and Families.

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

31       <sup>1</sup>~~e.~~ A contracted crisis hotline center shall seek to utilize  
32 technology that is interoperable with crisis and emergency response  
33 systems used in New Jersey and in neighboring states, to the extent  
34 that the use of such systems is reasonable, technologically feasible,  
35 and consistent with the requirements of subsection d. of this section.

36       <sup>1</sup>

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

46       <sup>1</sup>g. (1) The commissioner shall collaborate with appropriate  
47 behavioral health care providers in the State, including, but not

1 limited to, mental health and substance use disorder treatment  
2 providers, local community mental health centers, community-  
3 based and hospital emergency departments, and inpatient  
4 psychiatric settings, to ensure the coordination of service linkages  
5 with contracted hotline centers and mobile crisis response teams  
6 and the provision of crisis stabilization services and follow-up  
7 services, as appropriate, following the crisis response for a 9-8-8  
8 caller.

9 (2) The commissioner shall establish agreements and  
10 information sharing procedures, as appropriate, with behavioral  
11 health care providers as shall be necessary to implement the  
12 provisions of this subsection. Such information sharing procedures  
13 shall include, but not be limited to, the sharing of information  
14 concerning the availability of services provided by a behavioral  
15 health care provider.<sup>1</sup>

16 <sup>1</sup>[g.] h.<sup>1</sup> The commissioner shall develop an informational  
17 campaign to promote awareness of the nature and availability of the  
18 9-8-8 hotline to respond to behavioral health crises. The  
19 commissioner shall consult with the National Suicide Prevention  
20 Lifeline and the Veterans Crisis Line networks to foster consistency  
21 in public messaging concerning 9-8-8 services.

22  
23 3. a. The Commissioner of Human Services shall establish a  
24 comprehensive Statewide mobile behavioral health crisis response  
25 system, which shall, at a minimum:

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

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

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

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

42 b. In establishing the Statewide mobile behavioral health crisis  
43 response system pursuant to this section, the commissioner shall  
44 hold at least <sup>1</sup>[one] two<sup>1</sup> public <sup>1</sup>[hearing in each of the northern,  
45 central, and southern regions of the State] hearings and at least one  
46 of the public hearings shall be conducted virtually via  
47 videoconferencing<sup>1</sup>.

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, or dispatch of a mobile crisis response team; to  
47 the extent possible, information regarding the nature of the calls  
48 that did not result in a referral, follow up, or dispatch of a mobile

1 crisis response team<sup>1</sup> ; and any other information as shall be  
2 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; <sup>1</sup>the 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; to the extent possible, information regarding the nature  
14 of the mobile crisis responses that did and did not result in referrals  
15 or follow-ups;<sup>1</sup> and any other information as shall be required by  
16 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 <sup>1</sup>deposits 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 care<sup>1</sup> ; 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

1 action to support and improve the Statewide behavioral health crisis  
2 system of care; and any other information the commissioner deems  
3 necessary and appropriate.  
4

5 <sup>1</sup>5. a. There is established in the Department of the Treasury  
6 within the General Fund a special account to be known as the “9-8-  
7 8 System and Response Trust Fund Account.” Funds credited to the  
8 account shall include:

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

11 (2) monies appropriated to the fund;

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

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

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

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

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

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

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

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

41  
42 <sup>1</sup>6. a. Consistent with the provisions of the “National Suicide  
43 Hotline Designation Act of 2020,” Pub.L.116-172, there shall be  
44 imposed on each resident of New Jersey who is a subscriber of  
45 commercial mobile services or IP-enabled voice services, a monthly  
46 Statewide 9-8-8 fee on any periodic bill received by the customer  
47 for the commercial mobile service or IP-enabled voice service. The  
48 amount of the fee shall be established by the Commissioner of



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

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

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

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

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

46 (a) ensuring efficient and effective routing of calls made to the  
47 9-8-8 suicide prevention and behavioral health crisis hotline to a

1 crisis hotline center that has contracted with the Department of  
2 Human Services pursuant to subsection a. of section 2 of this act;

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

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

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

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

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

24  
25 <sup>1</sup>5. a. The Commissioner of Human Services, in consultation  
26 with the State Treasurer, the Director of the Division of Taxation in  
27 the Department of the Treasury, Assistant Commissioner for the  
28 Division of Mental Health and Addiction Services in the  
29 Department of Human Services, and the Attorney General, shall  
30 study and prepare a 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.<sup>1</sup>

6  
7 <sup>1</sup>**[7.] 6.**<sup>1</sup> The Commissioner of Human Services shall <sup>1</sup>;

8 a.<sup>1</sup> 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 <sup>1</sup>;

12 b. seek out and apply for all sources of federal funding as may  
13 be available to support the Statewide behavioral health crisis system  
14 of care, including, but not limited to, applying for such State plan  
15 amendments or waivers as may be necessary to secure federal  
16 financial participation for State Medicaid expenditures under the  
17 federal Medicaid program<sup>1</sup> .

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

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

42  
43 <sup>1</sup>**[10.] 9.**<sup>1</sup> This act shall take effect immediately.