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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS-988

Introduced By: Representatives Shallcross Smith, Fogarty, Hull, Serpa, Diaz, Tanzi, Ajello, Messier, Donovan, and Sanchez

Date Introduced: February 28, 2025

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings and purpose.

2 The general assembly finds as follows:

3 (1) It is in the public interest to improve the quality and access to behavioral health crisis
4 services; reducing stigma surrounding suicide, mental health and substance use conditions;
5 providing a behavioral health crisis response that is substantially equivalent to the response already
6 provided to individuals who require emergency physical health care in the state; furthering equity
7 in addressing mental health and substance use conditions; requiring parity in insurers' and health
8 plans' coverage of mental health and substance use disorder benefits; strengthening the crisis
9 response for children, youth, young people, and families; requiring protocols for 988 crisis
10 counselors, 911 responders, and law enforcement involvement; updating the name of the 988
11 Suicide Hotline; ensuring a culturally and linguistically competent response to behavioral health
12 crises and saving lives; requiring the state to pursue sustainable sources of funding; building a new
13 system of equitable and linguistically appropriate behavioral crisis services in which all individuals
14 are treated with respect, dignity, cultural competence, and humility; and for the purpose of
15 complying with the National Suicide Hotline Designation Act of 2020 and the Federal
16 Communication Commission's rules adopted July 16, 2020 to ensure that all citizens and visitors
17 of the state receive a consistent level of 988 and crisis behavioral health services no matter where
18 they live, work, or travel in the state.

1 SECTION 2. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE,
2 DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto
3 the following chapter:

4 CHAPTER 30

5 CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS

6 **40.1-30-1. Definitions.**

7 In this chapter, the following words have the following meanings:

8 (1) "988" means the universal telephone number designated as the universal telephone
9 number within the United States for the purpose of the national suicide prevention and mental
10 health crisis hotline system operating through the 988 Suicide & Crisis Lifeline, or its successor
11 maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3
12 of the Public Health Service Act (42 U.S.C. 290bb-36(c)).

13 (2) "988 administrator" means the administrator of the 988 national suicide prevention and
14 mental health crisis hotline 988 Suicide & Crisis Lifeline system maintained by the Assistant
15 Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service
16 Act (42 U.S.C. § 290bb-36(a)).

17 (3) "988 contact" means a communication with the 988 Suicide & Crisis Lifeline system
18 within the United States operating through the National Suicide Prevention Lifeline or its successor
19 via modalities offered, including call, chat, or text.

20 (4) "988 crisis center" means a state-designated center participating in the 988 Suicide &
21 Crisis Lifeline program to respond to statewide or regional 988 contacts.

22 (5) "988 fee" means the surcharge assessed on commercial landline, mobile service,
23 prepaid wireless voice service, and interconnected voice over Internet protocol service lines created
24 under § 39-21.1-14 authority for communication law, regulation, and technological innovation.

25 (6) "988 Suicide & Crisis Lifeline (988 Lifeline)" means the national suicide prevention
26 and mental health crisis hotline system maintained by the Assistant Secretary for Mental Health
27 and Substance Use under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36(c)).

28 (7) "Behavioral health crisis services" means the continuum of services needed by an
29 individual experiencing a mental health or substance use crisis including, but not limited to, crisis
30 intervention, crisis stabilization, and crisis residential needs provided by 988 contact centers,
31 mobile crisis teams, and crisis receiving and stabilization service providers.

32 (8) "Community mental health centers, and certified community behavioral health clinics"
33 mean facilities as defined under Sec. 1913(c) of the Public Health Services Act and/or Section
34 223(d) of the Protecting Access to Medicare Act of 2014 (PAMA), and community behavioral

1 health organizations as licensed and certified by relevant state agencies.

2 (9) “Crisis receiving and stabilization centers” are facilities providing short term services
3 of up to twenty-four (24) hours with capacity for diagnosis, initial management, observation, crisis
4 stabilization and follow up referral services to all persons in a home-like environment.

5 (10) “Director” means the director of the department of behavioral healthcare,
6 developmental disabilities and hospitals (BHDDH).

7 (11) “Federal Communications Commission” regulates interstate and international
8 communications by radio, television, wire, satellite, and cable in all fifty (50) states, the District of
9 Columbia and U.S. territories. An independent U.S. government agency overseen by Congress, the
10 Commission is the federal agency responsible for implementing and enforcing America’s
11 communications law and regulations.

12 (12) “Insurer” means the definition in § 27-20.6-1.

13 (13) “Mobile crisis team” means a multidisciplinary behavioral health team as defined in
14 the American Rescue Plan Act of 2021 (Section 1947(b)(2) of Public Law 117-2).

15 (14) “Peers”, also referred to as “individuals with lived experience,” means individuals
16 employed on the basis of their personal lived experience of a mental health condition and/or
17 substance use disorder and recovery who have successfully completed a state recognized peer
18 support training program.

19 (15) “State or related public health authority” means the department of behavioral
20 healthcare, developmental disabilities and hospitals.

21 (16) “Substance Abuse and Mental Health Services Administration (“SAMHSA”)” means
22 the agency within the U.S. Department of Health and Human Services that leads public health
23 efforts to advance the behavioral health of the nation.

24 (17) “Veterans Crisis Line (VCL)” means Veterans Crisis Line maintained by the Secretary
25 of Veterans Affairs under 28 U.S.C. § 1720F(h).

26 **40.1-30-2. Crisis services systems established.**

27 (a) The director is hereby authorized to designate a crisis hotline center or centers to
28 provide crisis intervention services and crisis care coordination to individuals accessing the 988
29 suicide prevention and behavioral health crisis hotline within Rhode Island twenty-four (24) hours
30 a day, seven (7) days a week.

31 (b) The designated 988 Lifeline center(s) shall meet 988 Lifeline program requirements
32 and best practices guidelines for operational, performance and clinical standards.

33 (c) The designated hotline center(s) shall provide data, report, and participate in evaluations
34 and related quality improvement activities as required by the 988 administrators.

1 (d) The designated 988 Lifeline center(s) shall have the authority to deploy crisis and
2 outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and
3 stabilization services or other local resources as appropriate and consistent with guidelines and best
4 practices established by the 988 Lifeline.

5 (e) To facilitate the ongoing care needs of persons contacting 988, the state or related public
6 health authority shall ensure active collaborations and coordination of service linkages between the
7 designated center(s), mental health and substance use disorder treatment providers, local
8 community mental health centers (including certified community behavioral health clinics and
9 community behavioral health centers), mobile crisis teams, and community-based as well as
10 hospital emergency departments and inpatient psychiatric settings, establishing formal agreements
11 and appropriate information sharing procedures where appropriate.

12 (f) The state or related public health authority shall assure active collaborations and
13 coordination of service linkages between the designated center(s) and crisis receiving and
14 stabilization services for individuals accessing the 988 Suicide & Crisis Lifeline through
15 appropriate information sharing regarding availability of services.

16 (g) The state or related, public health authority shall work in concert with the 988 Suicide
17 & Crisis Lifeline, for the purposes of ensuring consistency of public messaging about 988 services.

18 (h) The designated 988 Lifeline center(s) shall meet the requirements set forth by the 988
19 Lifeline program for serving at-risk and specialized populations as identified by the Substance
20 Abuse and Mental Health Services Administration (SAMHSA) including, but not be limited to,
21 LGBTQ+ individuals, children, youth and young people, racially, ethnically, and linguistically
22 diverse populations, rural individuals, veterans, American Indians, Alaskan Natives, and other
23 high-risk populations as well as those with co-occurring substance use; provide culturally and
24 linguistically competent care; and include training requirements and policies for transferring a 988
25 Lifeline contact to an appropriate specialized center or subnetworks within the 988 Lifeline
26 program.

27 (i) The designated hotline center(s) shall provide follow-up services to individuals
28 accessing the 988 Suicide & Crisis Lifeline consistent with guidance and policies established by
29 the 988 Lifeline program.

30 (j) The state or related public health authority having primary oversight of suicide
31 prevention and crisis service activities and essential coordination shall provide an annual report of
32 the 988 Suicide & Crisis Lifeline's usage and the services provided to the general assembly and to
33 the SAMHSA.

34 **40.1-30-3. Response to contacts -- Mobile crisis teams.**

1 (a) The department of behavioral healthcare, developmental disabilities and hospitals shall
2 provide, onsite response services to crisis contacts utilizing state and/or locally funded mobile crisis
3 teams.

4 (b) The mobile crisis teams shall be:

5 (1) Jurisdiction-based behavioral health teams including licensed or credentialed
6 behavioral health professionals, paraprofessionals, and including individuals with lived experience;

7 (2) Behavioral health teams embedded in emergency medical services (EMS) and including
8 individuals with lived experience.

9 (b) Mobile crisis teams shall:

10 (1) Collaborate with local first responders and behavioral health agencies; and

11 (2) Include licensed behavioral health professionals and individuals with lived experience;
12 and

13 (3) May include police as co-responders with behavioral health teams only as needed to
14 respond in high-risk situations that cannot be managed without law enforcement as defined in
15 protocols by the 988/911 committee.

16 (c) Mobile crisis teams and crisis stabilization services provided shall:

17 (1) Be designed in partnership with community members, including people with lived
18 experience utilizing crisis services;

19 (2) Be staffed by personnel that reflect the demographics of the community served; and

20 (3) Collect demographic customer service data from individuals served by demographic
21 requirements, including race and ethnicity, set forth by SAMHSA and consistent with the state
22 block grant requirements for continuous evaluation and quality improvement.

23 **40.1-30-4. Determination of payment responsibility.**

24 (a) For the purposes of this chapter, crisis receiving and stabilization services facilities with
25 greater than sixteen (16) beds shall not be considered Institutions for Mental Disease under § 1905
26 (i) of the Social Security Act.

27 (b) Crisis receiving and stabilization services shall be funded by appropriations by the
28 general assembly if the individual is uninsured, the services are not otherwise covered by another
29 entity funding, or the crisis stabilization service is not a covered benefit by the individual's health
30 coverage.

31 (c) For Medicaid recipients, the state Medicaid office shall work with the entities
32 responsible for the development of crisis receiving and stabilization center services, and mobile
33 crisis services, to explore options for appropriate coding of and payment for crisis management
34 services.

1 (d) BHDDH shall determine how payment shall be made to the provider of service.

2 **40.1-30-5. Implementation-Advisory board.**

3 The director shall provide general oversight of and direction on the state's implementation
4 and operation of the 988 Suicide & Crisis Lifeline. During the course of the oversight, the director
5 shall create an advisory board to provide guidance to the 988 Suicide & Crisis Lifeline. The
6 advisory body, consisting of eleven (11) members shall include, but not be limited to, the following
7 members: One representative of the designated 988 Suicide & Crisis Lifeline center(s), one
8 representative of the 9-1-1 call centers, one representative appointed from the department of
9 behavioral healthcare, developmental disabilities and hospitals, one member from a state substance
10 use agency, one member of law enforcement, one nurse from a hospital emergency department,
11 one member of the judiciary appointed by the chief justice, one individual with lived experience
12 with suicide prevention or behavioral health crisis services usage and two (2) family members and
13 caregivers of patients of mental health facilities, and one behavioral health crisis services provider.

14 **40.1-30-6. Coordination with E-911 system.**

15 The director shall act in the public interest to enhance the public emergency response
16 system to ensure individuals in a behavioral health crisis are connected to the appropriate
17 behavioral health response by coordinating 988 and E-911 services, including the development of
18 policies and protocols to allow for dispatch of mobile crisis services from 988 Lifeline contact
19 centers.

20 **40.1-30-7. Application for federal funds.**

21 (a) The director shall submit as soon as practicable a state Medicaid program application
22 through the executive office of health and human services to the Centers for Medicare and Medicaid
23 Services, a state Medicaid program application for the Federal Medical Assistance Percentage
24 (FMAP) of eighty-five percent (85%) applicable to amounts expended by the state for medical
25 assistance for qualifying community-based mobile crisis intervention services furnished.

26 (b) The director shall require the Medicaid managed care and Children's Health Insurance
27 Program plans to cover mobile crisis teams, and crisis receiving and stabilization services provided
28 to beneficiaries pursuant to the coverage requirements of § 40.1-30-8.

29 **40.1-30-8. Required health insurance coverage.**

30 (a) An insurer shall cover mobile crisis teams and crisis receiving and stabilization services
31 provided to an insured experiencing, or believed to be experiencing, a behavioral health crisis.
32 Coverage of such services shall be without the need for any prior authorization determination and
33 whether the healthcare provider furnishing such services is a participating provider.

34 (b) An insured shall only be responsible for in-network cost sharing. If behavioral health

1 crisis services are provided by a non-participating provider, the health insurer shall ensure that the
2 insured pays no more in cost sharing than the insured would pay if the same services were provided
3 by a contracted provider.

4 (c) The health insurance commissioner shall enforce federal emergency services coverage
5 requirements, including for behavioral health services provided in independent freestanding
6 emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S.
7 Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

8 (d) The health insurance commissioner shall verify that each treatment limitation placed
9 on behavioral health crisis services is fully compliant with the federal Mental Health Parity and
10 Addiction Equity Act and its implementing regulations. For each non-quantitative treatment
11 limitation placed on mental health or substance use disorder services within the emergency
12 classification of care, the commissioner shall request each insurer's parity compliance analysis
13 prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates
14 compliance. Behavioral health crisis response services shall be placed within the emergency
15 classification of care in the same manner as physical health emergency services.

16 (e) The coverage mandated in this section shall commence January 1, 2026.

17 (f) The commissioner shall adopt rules and regulations, under chapter 35 of title 42
18 ("administrative procedures") as may be necessary to effectuate any provisions of this section.

19 **40.1-30-9. Equity required.**

20 (a) The completion of a local assessment shall be conducted covering the entire state to
21 determine system needs to ensure equity in access, experience, and outcomes for historically
22 underserved and marginalized groups.

23 (b) The development of a strategic plan, based on each local assessment in subsection (a)
24 of this section shall establish:

25 (1) Appropriate trauma-informed, culturally, and linguistically competent services and
26 service options that are responsive to the unique needs of populations who have been historically
27 underserved, marginalized and/or experienced inequitable experiences or outcomes; and

28 (2) Short- and long-term goals to achieve equity.

29 (c) The State of Rhode Island shall regularly collect and analyze the data at a local level,
30 including experience of care data, for quality improvements to services, and to determine progress
31 towards meeting the goals outlined in the state's strategic plan.

32 (d) To achieve the goals within this section, the state shall:

33 (1) Engage partners and stakeholders across the continuum of care, including
34 representatives of historically underserved or marginalized communities, schools, community

1 organizations, child welfare and foster care, juvenile and criminal justice, and housing specialists;

2 (2) Initiate specialized training; and

3 (3) Enhance protocols and resources to:

4 (i) Provide rapid access to translation services, TTY and other resources to match the
5 language needs of the community;

6 (ii) Minimize the role of law enforcement;

7 (iii) Develop linkages with culturally specific community-based services and supports; and

8 (iv) Regularly engage with communities to ensure responsiveness to local needs.

9 **40.1-30-10. Statewide assessment and strategic planning.**

10 (a) The state or related public health authority shall develop and maintain behavioral health
11 crisis services and supports that provide a comprehensive, trauma-informed, recovery-oriented, and
12 customized 988 Suicide & Crisis Services system meeting the needs of children, youth, young
13 people, and families through the completion of a statewide assessment, to determine system needs
14 to provide safe, and culturally and developmentally appropriate crisis services for children, youth,
15 young people, and their families. The assessment may be conducted using the Implementation
16 Strategies from the National Guidelines for Child and Youth Behavioral Health Crisis Care
17 developed by SAMHSA and other relevant national guidelines on child and adolescent behavioral
18 health. The state shall regularly collect and analyze data for quality improvements to services and
19 determine progress towards meeting the goals outlined in the state's strategic plan.

20 (b) Development of a strategic plan, based on the assessment in subsection (a) of this
21 section, to establish appropriate services statewide, based on the National Guidelines for Child and
22 Youth Behavioral Health Crisis Care, and emphasize:

23 (1) Early intervention services;

24 (2) Safety for children and youth;

25 (3) Culturally, linguistically, and developmentally-appropriate services and responses;

26 (4) Peer support and family inclusion in responses and services;

27 (5) A focus on reaching underserved and at-risk communities;

28 (6) No rejection policies, or medical clearance policies; and

29 (7) Service options for prioritizing family unification and connections to current living
30 environment.

31 (c) To achieve the goals within this section, the state shall:

32 (1) Engage partners and stakeholders across the continuum of care, including schools,
33 community organizations, child welfare and foster care, juvenile justice, pediatricians, and other
34 primary care providers.

1 (2) Initiate specialized age-appropriate training, implement standardized screening and
2 assessment tools, and leverage Zero Suicide/Suicide Safer Care.

3 (3) Enhance protocols and resources to allow for quick access to translation services, TTY,
4 and other resources to match the language needs of the community by equipping crisis contact
5 centers, mobile crisis teams and crisis stabilization centers in the state with the resources to:

6 (i) Consider in-home stabilization;

7 (ii) Minimize the role of law enforcement in response to children in crisis;

8 (iii) Implement technology for caller ID, capacity for text, chat, video, and real time
9 regional bed registries;

10 (iv) Utilize tools to screen for self-harm, suicide, and violence risk;

11 (v) Create age-appropriate receiving and support areas; and

12 (vi) Provide short-term individual and family therapies as well as intensive support beds
13 that utilize standard evidence-based programs, community-defined evidence-based programs,
14 cultural adaptations of evidence-based interventions, and warm handoffs to home, community-
15 based, and youth-serving systems.

16 SECTION 3. Section 39-21.1-14 of the General Laws in Chapter 39-21.1 entitled "911
17 Emergency Telephone Number Act" is hereby amended to read as follows:

18 **39-21.1-14. ~~E-911 surcharge and first response surcharge. E-911 and 988 suicide~~**
19 **lifeline surcharge and first response surcharge.**

20 (a)(1) A combined monthly E-911 and 988 surcharge of fifty cents (\$.50) is hereby levied
21 upon each residence and business telephone line or trunk, or path and data, telephony, internet,
22 voice over internet protocol (VoIP) wireline, line, trunk, or path in the state including PBX trunks
23 and centrex equivalent trunks and each line or trunk serving, and upon each user interface number
24 or extension number or similarly identifiable line, trunk, or path to or from a digital network (such
25 as, but not exclusive of, integrated services digital network (ISDN), Flexpath, or comparable digital
26 private branch exchange, or connecting to or from a customer-based or dedicated telephone switch
27 site (such as, but not exclusive of, a private branch exchange (PBX)), or connecting to or from a
28 customer-based or dedicated central office (such as, but not exclusive of, a centrex system but
29 exclusive of trunks and lines provided to wireless communication companies) that can access to,
30 connect with, or interface with the Rhode Island E-911 uniform emergency telephone system (RI
31 E-911) and 988 suicide lifeline. In each instance where a surcharge is levied pursuant to this
32 subsection (a)(1) there shall also be a monthly first response surcharge of fifty cents (\$.50). The
33 surcharges shall be billed by each telecommunication services provider at the inception of services
34 and shall be payable to the telecommunication services provider by the subscriber of the services.

1 (2) A monthly E-911 [and 988](#) surcharge of fifty cents (\$.50) is hereby levied on each
2 wireless instrument, device, or means, including prepaid, cellular, telephony, internet, voice over
3 internet protocol (VoIP), satellite, computer, radio, communication, data or data only wireless lines,
4 or any other wireless instrument, device, or means that has access to, connects with, or activates or
5 interfaces or any combination thereof with the E-911 uniform emergency telephone system [and the](#)
6 [988 suicide lifeline](#). In each instance where a surcharge is levied pursuant to this subsection (a)(2)
7 there shall also be a monthly first response surcharge of seventy-five cents (\$.75). The surcharges
8 shall be billed by each telecommunication services provider and shall be payable to the
9 telecommunication services provider by the subscriber. Prepaid wireless telecommunications
10 services shall not be included in this act, but shall be governed by chapter 21.2 of this title. The E-
11 911 uniform emergency telephone system [and the 988 suicide lifeline](#) shall establish, by rule or
12 regulation, an appropriate funding mechanism to recover from the general body of ratepayers this
13 surcharge.

14 (b) The amount of the surcharges shall not be subject to the tax imposed under chapter 18
15 of title 44 nor be included within the telephone common carrier's gross earnings for the purpose of
16 computing the tax under chapter 13 of title 44.

17 (c) Each telephone common carrier and each telecommunication services provider shall
18 establish a special account to which it shall deposit on a monthly basis the amounts collected as
19 surcharges under this section.

20 (d) The money collected by each telecommunication services provider shall be transferred
21 within sixty (60) days after its inception of wireline, wireless, prepaid, cellular, telephony, voice
22 over internet protocol (VoIP), satellite, computer, internet, or communications services in this state
23 and every month thereafter, to the division of taxation, together with the accrued interest. The E-
24 911 [and 988](#) surcharge shall be deposited in a restricted-receipt account and used solely for the
25 operation of the E-911 uniform emergency telephone system [and the 988 suicide lifeline](#). The first
26 response surcharge shall be deposited in the general fund; provided, however, that ten percent
27 (10%) of the money collected from the first response surcharge shall be deposited in the information
28 technology restricted receipt account (ITRR account) established pursuant to § 42-11-2.5(a). Any
29 money not transferred in accordance with this subsection shall be assessed interest at the rate set
30 forth in § 44-1-7 from the date the money should have been transferred.

31 (e) Every billed subscriber-user shall be liable for any surcharge imposed under this section
32 until it has been paid to the telephone common carrier or telecommunication services provider. Any
33 surcharge shall be added to and shall be stated separately in the billing by the telephone common
34 carrier or telecommunication services provider and shall be collected by the telephone common

1 carrier or telecommunication services provider.

2 (f) Each telephone common carrier and telecommunication services provider shall annually
3 provide the E-911 uniform emergency telephone system division, [and 988 suicide lifeline](#) or any
4 other agency that may replace it, with a list of amounts uncollected, together with the names and
5 addresses of its subscriber-users who can be determined by the telephone common carrier or
6 telecommunication services provider to have not paid the E-911 [and 988 suicide lifeline](#) surcharge.

7 (g) Included within, but not limited to, the purposes for which the money collected from
8 the E-911 [and 988 suicide lifeline](#) surcharge may be used, are rent, lease, purchase, improvement,
9 construction, maintenance, repair, and utilities for the equipment and site or sites occupied by the
10 E-911 uniform emergency telephone system and [988 suicide lifeline](#); salaries, benefits, and other
11 associated personnel costs; acquisition, upgrade, or modification of PSAP equipment to be capable
12 of receiving E-911 [and 988 suicide lifeline](#) information, including necessary computer hardware,
13 software, and database provisioning, addressing, and non-recurring costs of establishing emergency
14 services; network development, operation, and maintenance; database development, operation, and
15 maintenance; on-premise equipment maintenance and operation; training emergency service
16 personnel regarding use of E-911 [and 988 suicide lifeline](#); educating consumers regarding the
17 operations, limitations, role, and responsible use of E-911 [and 988 suicide lifeline](#); reimbursement
18 to telephone common carriers or telecommunication services providers of rates or recurring costs
19 associated with any services, operation, administration, or maintenance of E-911 [and 988 suicide](#)
20 [lifeline](#) services as approved by the division; reimbursement to telecommunication services
21 providers or telephone common carriers of other costs associated with providing E-911 [and 988](#)
22 [suicide lifeline](#) services, including the cost of the design, development, and implementation of
23 equipment or software necessary to provide E-911 [and 988 suicide lifeline](#) service information to
24 PSAPs, as approved by the division.

25 (h) [Deleted by P.L. 2000, ch. 55, art. 28, § 1.]

26 (i) Nothing in this section shall be construed to constitute rate regulation of wireless
27 communication services carriers, nor shall this section be construed to prohibit wireless
28 communication services carriers from charging subscribers for any wireless service or feature.

29 (j) [Deleted by P.L. 2006, ch. 246, art. 4, § 1.]

30 SECTION 4. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
31 Policies" is hereby amended by adding thereto the following section:

32 **27-18-35.1. Behavioral health crisis services coverage required.**

33 [\(a\) Commencing January 1, 2026, every health insurance contract plan or policy delivered,](#)
34 [issued for delivery or renewed in this state, except policies which only provide coverage for](#)

1 specified diseases, fix indemnity, Medicare supplement long-term care disability income, or other
2 limited benefit policies, shall provide coverage for the services of counselors in behavioral health
3 crisis services.

4 (b) An insurer shall cover mobile crisis teams and crisis receiving and stabilization services
5 provided to an insured experiencing, or believed to be experiencing, a behavioral health crisis.
6 Coverage of such services shall be without the need for any prior authorization determination and
7 whether the healthcare provider furnishing such services is a participating provider.

8 (c) An insured shall only be responsible for in-network cost sharing. If behavioral health
9 crisis services are provided by a non-participating provider, the health insurer shall ensure that the
10 insured pays no more in cost sharing than the insured would pay if the same services were provided
11 by a contracted provider.

12 (d) The health insurance commissioner shall enforce federal emergency services coverage
13 requirements, including for behavioral health services provided in independent freestanding
14 emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S.
15 Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

16 (e) The health insurance commissioner shall verify that each treatment limitation placed on
17 behavioral health crisis services is fully compliant with the federal Mental Health Parity and
18 Addiction Equity Act and its implementing regulations. For each non-quantitative treatment
19 limitation placed on mental health or substance use disorder services within the emergency
20 classification of care, the commissioner shall request each insurer's parity compliance analysis
21 prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates
22 compliance. Behavioral health crisis response services shall be placed within the emergency
23 classification of care in the same manner as physical health emergency services.

24 (f) The commissioner shall adopt rules, under chapter 35 of title 42 ("administrative
25 procedures") as may be necessary to effectuate any provisions of this section.

26 SECTION 5. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
27 Corporations" is hereby amended by adding thereto the following section:

28 **27-19-31.1. Behavioral health crisis services coverage required.**

29 (a) Commencing January 1, 2026, every health insurance contract plan or policy delivered,
30 issued for delivery or renewed in this state, except policies which only provide coverage for
31 specified diseases, fix indemnity, Medicare supplement long-term care disability income, or other
32 limited benefit policies, shall provide coverage for the services of counselors in behavioral health
33 crisis services.

34 (b) An insurer shall cover mobile crisis teams and crisis receiving and stabilization services

1 provided to an insured experiencing, or believed to be experiencing, a behavioral health crisis.
2 Coverage of such services shall be without the need for any prior authorization determination and
3 whether the healthcare provider furnishing such services is a participating provider.

4 (c) An insured shall only be responsible for in-network cost sharing. If behavioral health
5 crisis services are provided by a non-participating provider, the health insurer shall ensure that the
6 insured pays no more in cost sharing than the insured would pay if the same services were provided
7 by a contracted provider.

8 (d) The health insurance commissioner shall enforce federal emergency services coverage
9 requirements, including for behavioral health services provided in independent freestanding
10 emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S.
11 Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

12 (e) The health insurance commissioner shall verify that each treatment limitation placed on
13 behavioral health crisis services is fully compliant with the federal Mental Health Parity and
14 Addiction Equity Act and its implementing regulations. For each non-quantitative treatment
15 limitation placed on mental health or substance use disorder services within the emergency
16 classification of care, the commissioner shall request each insurer's parity compliance analysis
17 prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates
18 compliance. Behavioral health crisis response services shall be placed within the emergency
19 classification of care in the same manner as physical health emergency services.

20 (f) The commissioner shall adopt rules, under chapter 35 of title 42 ("administrative
21 procedures") as may be necessary to effectuate any provisions of this section.

22 SECTION 6. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
23 Corporations" is hereby amended by adding thereto the following section:

24 **27-20-31.2. Behavioral health crisis services coverage required.**

25 (a) Commencing January 1, 2026, every health insurance contract plan or policy delivered,
26 issued for delivery or renewed in this state, except policies which only provide coverage for
27 specified diseases, fix indemnity, Medicare supplement long-term care disability income, or other
28 limited benefit policies, shall provide coverage for the services of counselors in behavioral health
29 crisis services.

30 (b) An insurer shall cover mobile crisis teams and crisis receiving and stabilization services
31 provided to an insured experiencing, or believed to be experiencing, a behavioral health crisis.
32 Coverage of such services shall be without the need for any prior authorization determination and
33 whether the healthcare provider furnishing such services is a participating provider.

34 (c) An insured shall only be responsible for in-network cost sharing. If behavioral health

1 crisis services are provided by a non-participating provider, the health insurer shall ensure that the
2 insured pays no more in cost sharing than the insured would pay if the same services were provided
3 by a contracted provider.

4 (d) The health insurance commissioner shall enforce federal emergency services coverage
5 requirements, including for behavioral health services provided in independent freestanding
6 emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S.
7 Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

8 (e) The health insurance commissioner shall verify that each treatment limitation placed on
9 behavioral health crisis services is fully compliant with the federal Mental Health Parity and
10 Addiction Equity Act and its implementing regulations. For each non-quantitative treatment
11 limitation placed on mental health or substance use disorder services within the emergency
12 classification of care, the commissioner shall request each insurer's parity compliance analysis
13 prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates
14 compliance. Behavioral health crisis response services shall be placed within the emergency
15 classification of care in the same manner as physical health emergency services.

16 (f) The commissioner shall adopt rules, under chapter 35 of title 42 ("administrative
17 procedures") as may be necessary to effectuate any provisions of this section.

18 SECTION 7. Chapter 27-41 of the General Laws entitled "Health Maintenance
19 Organizations" is hereby amended by adding thereto the following section:

20 **27-41-39.1. Behavioral health crisis services coverage required.**

21 (a) Commencing January 1, 2026, every health insurance contract plan or policy delivered,
22 issued for delivery or renewed in this state, except policies which only provide coverage for
23 specified diseases, fix indemnity, Medicare supplement long-term care disability income, or other
24 limited benefit policies, shall provide coverage for the services of counselors in behavioral health
25 crisis services.

26 (b) An insurer shall cover mobile crisis teams and crisis receiving and stabilization services
27 provided to an insured experiencing, or believed to be experiencing, a behavioral health crisis.
28 Coverage of such services shall be without the need for any prior authorization determination and
29 whether the healthcare provider furnishing such services is a participating provider.

30 (c) An insured shall only be responsible for in-network cost sharing. If behavioral health
31 crisis services are provided by a non-participating provider, the health insurer shall ensure that the
32 insured pays no more in cost sharing than the insured would pay if the same services were provided
33 by a contracted provider.

34 (d) The health insurance commissioner shall enforce federal emergency services coverage

1 requirements, including for behavioral health services provided in independent freestanding
2 emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S.
3 Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

4 (e) The health insurance commissioner shall verify that each treatment limitation placed on
5 behavioral health crisis services is fully compliant with the federal Mental Health Parity and
6 Addiction Equity Act and its implementing regulations. For each non-quantitative treatment
7 limitation placed on mental health or substance use disorder services within the emergency
8 classification of care, the commissioner shall request each insurer's parity compliance analysis
9 prepared pursuant to 42 U.S. Code § 300gg-26(a)(8) and verify that each analysis demonstrates
10 compliance. Behavioral health crisis response services shall be placed within the emergency
11 classification of care in the same manner as physical health emergency services.

12 (f) The commissioner shall adopt rules, under chapter 35 of title 42 ("administrative
13 procedures") as may be necessary to effectuate any provisions of this section/.

14 SECTION 8. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND
HOSPITALS -- CORE STATE BEHAVIORAL HEALTH CRISIS SERVICES SYSTEMS-988

1 This act would establish a core state behavioral health crisis services system, to be
2 administered by the director of behavioral healthcare, developmental disabilities and hospitals. The
3 systems would include establishing and administering a 988 Lifeline for suicide prevention,
4 establishing mobile crisis response teams, and establishing a 988 fee, in coordination with 9-1-1,
5 on subscribers of commercial land line telephone, mobile telephone and/or IP-enabled voice
6 services. The act would require insurers to pay for and cover behavioral health crisis services,
7 commencing January 1, 2026.

8 This act would take effect upon passage.

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