

118TH CONGRESS
2D SESSION

S. _____

To amend title XVIII of the Social Security Act to improve mobility crisis under the Medicare program.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to improve mobility crisis under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Mobility Cri-
5 sis Improvement Act”.

1 **SEC. 2. PAYMENT FOR MOBILE CRISIS RESPONSE INTER-**
2 **VENTION SERVICES UNDER PHYSICIAN FEE**
3 **SCHEDULE.**

4 Section 1848(b) of the Social Security Act (42 U.S.C.
5 1395w-4(b)) is amended by adding at the end the fol-
6 lowing new paragraph:

7 “(13) MOBILE CRISIS RESPONSE TEAM SERV-
8 ICES.—

9 “(A) IN GENERAL.—Beginning January 1,
10 2025, the Secretary shall, subject to the suc-
11 ceeding provisions of this paragraph, make a
12 single global payment (as determined by the
13 Secretary under subparagraph (C)) under this
14 section for mobile crisis response team services
15 (as defined in subparagraph (B)) furnished by
16 a physician (as defined in section 1861(r)(1)),
17 physician assistant or nurse practitioner (as de-
18 fined in section 1861(aa)(5)(A)), clinical nurse
19 specialist (as defined in section
20 1861(aa)(5)(B)), clinical social worker (as de-
21 fined in section 1861(hh)(1)), or clinical psy-
22 chologist (as defined by the Secretary for pur-
23 poses of section 1861(ii)).

24 “(B) DEFINITION OF MOBILE CRISIS RE-
25 SPONSE TEAM SERVICES.—In this paragraph,
26 the term ‘mobile crisis response team services’

1 means physicians' services that are furnished
2 outside of a hospital, other facility setting, or
3 physician office to an individual experiencing a
4 mental health or substance use disorder crisis
5 to—

6 “(i) provide screening and assessment
7 for the individual's mental health or sub-
8 stance use disorder crisis;

9 “(ii) support the de-escalation of the
10 individual's mental health or substance use
11 disorder crisis;

12 “(iii) facilitate or support subsequent
13 referral to health, social, and other serv-
14 ices, as determined appropriate by the Sec-
15 retary; or

16 “(iv) otherwise address the individ-
17 ual's pressing behavioral health needs, as
18 determined appropriate by the Secretary.

19 “(C) DETERMINATION OF SINGLE GLOBAL
20 PAYMENT.—

21 “(i) IN GENERAL.—The Secretary
22 shall determine an appropriate global pay-
23 ment for mobile crisis response team serv-
24 ices under the fee schedule under this sec-
25 tion to account for the work, practice ex-

1 penses, and malpractice expenses involved
2 in furnishing physicians' services that
3 would typically be furnished to an indi-
4 vidual experiencing a mental health or sub-
5 stance use disorder crisis to accomplish the
6 objectives described in clauses (i) through
7 (iv) of subparagraph (B) (as identified by
8 the Secretary).

9 “(ii) RELATIVE VALUES.—In deter-
10 mining work, practice expenses, and mal-
11 practice expenses under clause (i), the Sec-
12 retary shall account for differences in
13 work, practice expenses, and malpractice
14 expenses between furnishing physicians'
15 services identified in clause (i) in a physi-
16 cian office and the work, practice expenses,
17 and malpractice expenses involved in fur-
18 nishing such services at the site at which
19 at individual is experiencing a mental or
20 substance use disorder crisis, including po-
21 tential practice expenses associated with
22 transportation to such site.

23 “(iii) ENSURING NO DUPLICATE PAY-
24 MENT.—The Secretary shall ensure that if
25 a physician or practitioner receives pay-

1 ment for mobile crisis response team serv-
2 ices under this paragraph, additional pay-
3 ment is not made under this section for
4 physicians' services identified in clause (i)
5 that are furnished to the same individual
6 by the same physician or practitioner on
7 the same day on which such mobile crisis
8 response team services are furnished.

9 “(D) REQUIREMENTS FOR PHYSICIANS
10 AND PRACTITIONERS RECEIVING PAYMENT.—In
11 order to receive payment for mobile crisis re-
12 sponse team services, a physician or practi-
13 tioner who submits a claim for payment for
14 such services must document, in a form and
15 manner determined appropriate by the Sec-
16 retary, that the physician or practitioner fur-
17 nishing such services and any auxiliary per-
18 sonnel (as defined in section 410.26(a)(1) of
19 title 42, Code of Federal Regulations, or any
20 successor regulation) furnishing such services
21 under the supervision of the physician or practi-
22 tioner—

23 “(i) are trained in trauma-informed
24 care, de-escalation strategies, and harm re-
25 duction;

1 “(ii) are capable of coordinating with
2 emergency response systems, crisis inter-
3 vention hotlines, and hospitals furnishing
4 crisis stabilization services (as defined in
5 section 1833(t)(23)); and

6 “(iii) meet other criteria determined
7 appropriate by the Secretary to ensure
8 quality of care and program integrity.

9 “(E) ADDITIONAL CLARIFICATION.—The
10 Secretary shall allow for auxiliary personnel (as
11 defined in section 410.26(a)(1) of title 42, Code
12 of Federal Regulations, or any successor regula-
13 tion), including peer support specialists (as de-
14 fined in subsection (i)(4)(B)), to furnish mobile
15 crisis response team services under the super-
16 vision of a physician or practitioner billing for
17 such services under this section.”.