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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To establish a grant program to assist eligible entities in developing or expanding behavioral health crisis response programs that do not rely primarily on law enforcement, and for other purposes.

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**IN THE HOUSE OF REPRESENTATIVES**

Ms. ANSARI introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_  
\_\_\_\_\_

**A BILL**

To establish a grant program to assist eligible entities in developing or expanding behavioral health crisis response programs that do not rely primarily on law enforcement, and for other purposes.

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 “Mental Health Emer-  
5       gency Responder Act”.

1 **SEC. 2. GRANT PROGRAM TO EXPAND BEHAVIORAL**  
2 **HEALTH CRISIS RESPONSE.**

3 (a) ESTABLISHMENT.—The Secretary of Health and  
4 Human Services, acting through the Assistant Secretary  
5 for Mental Health and Substance Use, shall establish a  
6 competitive grant program (in this section referred to as  
7 the “program”) to assist eligible entities in developing or  
8 expanding behavioral health crisis response programs that  
9 do not rely primarily on law enforcement.

10 (b) ELIGIBLE ENTITIES.—The following entities  
11 shall be eligible to receive grants under program—

12 (1) a local or Tribal government;

13 (2) a regional emergency medical services agen-  
14 cy or fire department;

15 (3) a certified community behavioral health  
16 clinic, as defined by section 1905(jj) of the Social  
17 Security Act (42 U.S.C. 1396d(jj)); and

18 (4) a nonprofit organization in partnership with  
19 a local government or health authority.

20 (c) USE OF GRANT FUNDS.—Grant funds received  
21 by an eligible entity under the program may be used—

22 (1) to recruit, train, and equip behavioral  
23 health professionals and paramedics for a behavioral  
24 health crisis response;

25 (2) to integrate co-response teams into 911 or  
26 988 call dispatch systems;

1           (3) to provide community education and out-  
2 reach regarding alternatives to police-led crisis re-  
3 sponse;

4           (4) to develop or implement protocols to enable  
5 emergency medical services agencies to accept cus-  
6 tody of civilians from police for transport to mental  
7 health facilities, if permitted under State law; and

8           (5) to establish emergency medical services  
9 agencies, or clinician-led mobile crisis teams, as the  
10 primary responders to behavioral health emergencies  
11 in lieu of law enforcement, in a manner consistent  
12 with State and local laws.

13       (d) LIMITATION ON STATUTORY CONSTRUCTION.—  
14 Nothing in this section shall be construed—

15           (1) to require any State or local government to  
16 modify an emergency detention or custody law; or

17           (2) to authorize any entity to engage in emer-  
18 gency detention or involuntary transport beyond  
19 what is permitted under an applicable State law.

20       (e) REPORTING REQUIREMENT.—The Secretary shall  
21 require each recipient of a grant under the program to  
22 submit to the Secretary, during such period of time as  
23 the Secretary determines appropriate, an annual report  
24 detailing response outcomes, diversion rates, and commu-  
25 nity feedback.

1       (f) PRIORITY CONSIDERATION.—In awarding grants  
2 under the program, the Secretary shall prioritize applica-  
3 tions from eligible entities located in jurisdictions that do  
4 not currently operate a non-law enforcement behavioral  
5 health crisis response program, or whose existing pro-  
6 grams are limited in scope or capacity.

7       (g) CO-RESPONSE TEAM DEFINED.—In this section,  
8 the term “co-response team” means a team that includes  
9 at least one behavioral health professional (such as a li-  
10 censed clinician or social worker) and at least one emer-  
11 gency medical services provider, firefighter, or peace offi-  
12 cer who jointly respond to behavioral health crisis calls in  
13 real time.

14       (h) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated to carry out this section  
16 such sums as may be necessary for each of fiscal years  
17 2026 through 2030.