
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 551 Session of
2026

INTRODUCED BY FLEMING, VENKAT, GUZMAN, WAXMAN, SANCHEZ, KINKEAD,
FREEMAN, KHAN, MAYES, MALAGARI, HOWARD, BRENNAN, MIHALEK,
HANBIDGE, INGLIS, SCHLOSSBERG, CEPEDA-FREYTIZ, STEELE,
GAYDOS, SCHLEGEL AND ABNEY, JUNE 4, 2026

REFERRED TO COMMITTEE ON INTERGOVERNMENTAL AFFAIRS AND
OPERATIONS, JUNE 5, 2026

A RESOLUTION

1 Directing the Joint State Government Commission and Legislative
2 Budget and Finance Committee to examine the reimbursement
3 mechanisms necessary to expand and sustain a robust
4 behavioral health crisis service system in this Commonwealth,
5 specifically analyzing practices of the Medicaid program,
6 Medicare program and private commercial health insurance
7 payors in paying for crisis services and their impact on the
8 sustainability and accessibility of these vital services.

9 WHEREAS, The Commonwealth recognizes the paramount importance
10 of accessible, timely and comprehensive behavioral health crisis
11 services for its residents; and

12 WHEREAS, Behavioral health crises represent a significant
13 public health challenge, often leading to emergency room
14 overcrowding, avoidable hospitalizations and inadequate support
15 for individuals in acute distress; and

16 WHEREAS, Timely crisis intervention services can help
17 mitigate the risk of self-harm or suicide, prevent the situation
18 from worsening and help individuals return to their previous
19 level of functioning and develop new coping mechanisms to manage

1 future challenges; and

2 WHEREAS, Behavioral health crisis services often serve as
3 critical entry points to care, diverting individuals from
4 unnecessary involvement with the criminal justice system and
5 prolonged inpatient psychiatric facilities and providing
6 connection to timely, community-based interventions and recovery
7 supports; and

8 WHEREAS, The Commonwealth has made significant strides in
9 strengthening its behavioral health crisis system, including the
10 implementation of the 988 Suicide and Crisis Lifeline, the
11 expansion of mobile crisis response teams, the development of
12 crisis walk-in centers and crisis stabilization units; and

13 WHEREAS, The effective operation and financial sustainability
14 of these essential crisis services are directly dependent upon
15 adequate public investment and sufficient reimbursement from
16 both public and private payors; and

17 WHEREAS, The financial sustainability impacts several factors
18 such as a crisis providers' ability to recruit and retain
19 qualified staff, invest in necessary technology and
20 infrastructure, expand services to meet growing demand and
21 ensure equitable access to care across all regions of this
22 Commonwealth; and

23 WHEREAS, A comprehensive data-driven analysis of service
24 utilization, the cost structure of services and current
25 reimbursement practices is essential to identify existing
26 barriers, assess the financial viability of crisis services and
27 make policy decisions aimed at strengthening the crisis care
28 continuum; and

29 WHEREAS, The Joint State Government Commission and
30 Legislative Budget and Finance Committee, with their proven

1 expertise in conducting impartial research, convening impacted
2 stakeholders, providing objective analyses and drafting
3 actionable recommendations, are uniquely positioned to undertake
4 such an examination; therefore be it

5 RESOLVED, That the House of Representatives direct the Joint
6 State Government Commission and Legislative Budget and Finance
7 Committee to examine the reimbursement mechanisms necessary to
8 expand and sustain a robust behavioral health crisis service
9 system in this Commonwealth, specifically analyzing practices of
10 the Medicaid program, Medicare program and private commercial
11 health insurance payors in paying for crisis services and their
12 impact on the sustainability and accessibility of these vital
13 services; and be it further

14 RESOLVED, That the study include at a minimum:

15 (1) An accounting of the current utilization of crisis
16 services across this Commonwealth and existing capacity gaps
17 in the current crisis service system as related to
18 implementation of provisions established in the Mental Health
19 Procedures Act of 1976 and Mental Health Intellectual
20 Disability Act of 1966.

21 (2) An analysis of the current reimbursement
22 methodologies, rates and policies utilized by County Mental
23 Health and Intellectual Disabilities Programs, the
24 Pennsylvania Medicaid program, including its Behavioral
25 HealthChoices Managed Care Organizations and Fee-for-Service
26 components, and the Medicare program, including Medicare
27 Advantage for various crisis center services, including 988
28 Lifeline response, mobile crisis response, crisis walk-in
29 services and crisis stabilization services.

30 (3) An analysis of the current reimbursement

1 methodologies, rates and policies utilized by major private
2 commercial health insurance payors operating in this
3 Commonwealth for comparable behavioral health crisis center
4 services and the parity of those policies in relation to
5 physical health services.

6 (4) A comparison of reimbursement rates and practices
7 between the Medicaid program and private commercial payors,
8 and an assessment of these rates against the actual costs
9 incurred by crisis services providers.

10 (5) An evaluation of the impact of current reimbursement
11 practices on the operational capacity, financial stability
12 and ability of crisis centers to provide comprehensive and
13 accessible care, including considerations of staff
14 recruitment and retention, service expansion and
15 technological integration.

16 (6) An accounting of the use and reliance on terminal
17 Federal grants and county dollars in funding crisis services.

18 (7) A review of best practices and innovative
19 reimbursement models for behavioral health crisis services
20 implemented in other states that could be applicable to this
21 Commonwealth, including firehouse reimbursement,
22 telecommunications tax and braided public funding models.

23 (8) The development of specific recommendations for
24 legislative and administrative actions, including provider
25 education and provider billing training, to improve the
26 financial viability for crisis services, ensuring their long-
27 term sustainability, equitable access to crisis care and the
28 overall strengthening of the behavioral health crisis system
29 in this Commonwealth;

30 and be it further

1 RESOLVED, That the Joint State Government Commission and
2 Legislative Budget and Finance Committee consult with relevant
3 stakeholders, including the Department of Human Services, the
4 Insurance Department, behavioral health crisis service
5 providers, managed care organizations, such as Medicaid, and
6 commercial, private insurers, crisis service consumers, mental
7 health advocates and other experts as deemed necessary; and be
8 it further

9 RESOLVED, That a copy of this resolution be transmitted to
10 the Executive Director of the Joint State Government Commission
11 and Legislative Budget and Finance Committee; and be it further

12 RESOLVED, That the Joint State Government Commission and
13 Legislative Budget and Finance Committee establish an advisory
14 committee composed of, at a minimum:

15 (1) A representative recommended by the Department of
16 Drug and Alcohol Programs.

17 (2) A representative recommended by the Department of
18 Human Services.

19 (3) A representative recommended by the Department of
20 Health.

21 (4) A representative of a rural hospital recommended by
22 the Hospital and Healthsystem Association of Pennsylvania.

23 (5) A representative of an urban hospital recommended by
24 the Hospital and Healthsystem Association of Pennsylvania.

25 (6) A representative of a suburban hospital recommended
26 by the Hospital and Healthsystem Association of Pennsylvania.

27 (7) A representative recommended by the Pennsylvania
28 College of Emergency Physicians.

29 (8) A representative recommended by the Pennsylvania
30 Association of County Administrators of Mental Health and

1 Developmental Services.

2 (9) A representative recommended by the Pennsylvania
3 Association of County Drug and Alcohol Administrators.

4 (10) A representative recommended by the Drug and
5 Alcohol Service Providers Organization of Pennsylvania.

6 (11) A representative recommended by the Pennsylvania
7 Mental Health Consumers' Association.

8 (12) A representative from the Consumer Support Program.

9 (13) A representative recommended by the PA Association
10 of Area Agency on Aging.

11 (14) A representative recommended by the Pennsylvania
12 organization for the National Alliance on Mental Illness.

13 (15) A representative recommended by the Pennsylvania
14 Recovery Organizations Alliance.

15 (16) A representative of a HealthChoices Behavioral
16 Health Managed Care Organization.

17 (17) A representative of PA Behavioral Health
18 HealthChoices Oversight organization.

19 (18) A representative recommended by the PA Peer Support
20 Coalition.

21 (19) A representative recommended by the Rehabilitation
22 and Community Providers Association.

23 (20) A representative recommended by the Pennsylvania
24 Psychiatric Leadership Council.

25 (21) A representative of the Pennsylvania Psychiatric
26 Society.

27 (22) A representative of the Pennsylvania College of
28 Emergency Physicians.

29 (23) A representative of the Pennsylvania Society of
30 Addiction Medicine.

1 (24) A representative of the Pennsylvania Psychological
2 Association.

3 (25) A representative currently operating mobile crisis
4 response service.

5 (26) A provider currently operating a stand-alone crisis
6 intervention center.

7 (27) A provider currently operating a hospital adjacent
8 crisis response center.

9 (28) A provider currently operating a 988 Lifeline Call
10 Center.

11 (29) Any other representatives from other organizations
12 that are deemed appropriate by the Joint State Government
13 Commission and Legislative Budget and Finance Committee;
14 and be it further

15 RESOLVED, That the Joint State Government Commission and
16 Legislative Budget and Finance Committee issue a report with
17 their findings and recommendations within 12 months of the
18 adoption of this resolution to all of the following:

19 (1) The Health and Human Services Committee of the
20 Senate.

21 (2) The Health Committee of the House of
22 Representatives.

23 (3) The Human Services Committee of the House of
24 Representatives;

25 and be it further

26 RESOLVED, That the Joint State Government Commission and
27 Legislative Budget and Finance Committee solicit input from
28 representatives of all aspects of the health care sector and
29 continuum of care to assist the Joint State Government
30 Commission with its findings and recommendations in the report.