

119TH CONGRESS
2D SESSION

H. R. 8487

To amend titles XVIII and XIX of the Social Security Act to adjust coverage and payment for certified community behavioral health clinic services under the Medicare and Medicaid programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 23, 2026

Ms. MATSUI (for herself, Mr. PFLUGER, Ms. CRAIG, Mr. ALFORD, Mr. TONKO, Mr. FITZPATRICK, and Mr. GOLDMAN of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles XVIII and XIX of the Social Security Act to adjust coverage and payment for certified community behavioral health clinic services under the Medicare and Medicaid programs, 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 “Ensuring Excellence
5 in Mental Health Act”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—STRENGTHENING AND PROVIDING COST-RELATED PAYMENT FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS UNDER THE MEDICAID PROGRAM

Sec. 101. Coordination of Medicaid certified community behavioral health clinic services with CCBHC operating grant program; CCBHC accreditation option.

Sec. 102. Establishing a prospective payment system for certified community behavioral health clinics.

Sec. 103. Expanding CCBHC services within Medicaid demonstration program.

Sec. 104. Expanding scope of CCBHC services covered under the Medicaid program.

TITLE II—COVERAGE OF CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES UNDER THE MEDICARE PROGRAM

Sec. 201. Coverage of certified community behavioral health clinic services under the medicare program.

Sec. 202. Payment for certified community behavioral health clinic services under the medicare program.

Sec. 203. Non-application of Medicare part B deductible for CCBHC services.

Sec. 204. Right to seek review of cost reports from Provider Reimbursement Review Board.

Sec. 205. Extending safe harbor under Anti-Kickback Statute to waivers of CCBHC coinsurance.

Sec. 206. Effective date.

TITLE III—COMMUNITY BEHAVIORAL HEALTH CLINIC GRANTS

Sec. 301. Operating grants, technical assistance, data infrastructure, and accreditation for community behavioral health clinics.

TITLE IV—LIABILITY PROTECTION FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC CLINICIANS

Sec. 401. Conferring protection under the Federal Tort Claims Act to clinicians in certified community behavioral health clinics.

1 **TITLE I—STRENGTHENING AND**
2 **PROVIDING COST-RELATED**
3 **PAYMENT FOR CERTIFIED**
4 **COMMUNITY BEHAVIORAL**
5 **HEALTH CLINICS UNDER THE**
6 **MEDICAID PROGRAM**

7 **SECTION 101. COORDINATION OF MEDICAID CERTIFIED**
8 **COMMUNITY BEHAVIORAL HEALTH CLINIC**
9 **SERVICES WITH CCBHC OPERATING GRANT**
10 **PROGRAM; CCBHC ACCREDITATION OPTION.**

11 Section 1905(jj)(2) of the Social Security Act (42
12 U.S.C. 1396d(jj)(2)) is amended—

13 (1) in subparagraph (B)—

14 (A) by inserting “(or providing or referring
15 through formal relationships, as applicable)”
16 after “furnishing”;

17 (B) by striking “described in paragraph
18 (1)” and inserting “described in paragraph
19 (1)(B)”; and

20 (C) by striking “and” at the end;

21 (2) in subparagraph (C), by striking the period
22 at the end and inserting “, and including any such
23 data as the State, by agreement with the Secretary,
24 shall access via the system described in section
25 340J–3 of the Public Health Service Act; and”; and

1 (3) by adding at the end the following new sub-
 2 paragraph:

3 “(D) beginning January 1, 2026, at the
 4 option of the State, has received accreditation
 5 by an accreditation body approved under sec-
 6 tion 340J–4 of the Public Health Service Act.”.

7 **SEC. 102. ESTABLISHING A PROSPECTIVE PAYMENT SYS-**
 8 **TEM FOR CERTIFIED COMMUNITY BEHAV-**
 9 **IORAL HEALTH CLINICS.**

10 (a) IN GENERAL.—Section 1902 of the Social Secu-
 11 rity Act (42 U.S.C. 1396a) is amended by adding at the
 12 end the following new subsection:

13 “(yy) PAYMENT FOR SERVICES PROVIDED BY CER-
 14 TIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.—

15 “(1) IN GENERAL.—Beginning with fiscal year
 16 2026 with respect to services furnished on or after
 17 January 1, 2026, and for each succeeding fiscal
 18 year, if a State elects to make medical assistance
 19 available for certified community behavioral health
 20 clinic services under section 1905(a)(31), the State
 21 plan shall provide for payment for such services fur-
 22 nished by (or under arrangement with) a certified
 23 community behavioral health clinic described in sec-
 24 tion 1905(jj)(2) (in this subsection referred to as a

1 ‘clinic’) in accordance with the provisions of this
2 subsection.

3 “(2) PROSPECTIVE PAYMENT SYSTEM.—

4 “(A) IN GENERAL.—Subject to paragraph
5 (4), a State shall provide for payment for cer-
6 tified community behavioral health clinic serv-
7 ices furnished by (or under arrangement with)
8 a clinic in the first fiscal year (or portion of a
9 fiscal year) described in paragraph (1) for
10 which a State elects to provide medical assist-
11 ance for such services under section
12 1905(a)(31) under a prospective payment sys-
13 tem developed by the State in accordance with
14 this paragraph.

15 “(B) UNIT OF PAYMENT.—In establishing
16 the system under subparagraph (A), the State
17 shall apply as the unit of service—

18 “(i) daily visits; or

19 “(ii) monthly visits (excluding repeat
20 visits from the same individual).

21 “(C) SYSTEM DESIGN.—Under the system
22 under subparagraph (A), the State may, con-
23 sistent with the methodology described in guid-
24 ance issued under section 223(b) of the Pro-
25 tecting Access to Medicare Act of 2014—

1 “(i) establish separate prospective
2 payment system rates for special popu-
3 lations;

4 “(ii) use a system of outlier payments
5 for a portion of costs of furnishing cer-
6 tified community behavioral health clinic
7 services; or

8 “(iii) with respect to certified commu-
9 nity behavioral health clinic services that
10 are crisis services—

11 “(I) require that each cost report
12 of a clinic segregate costs relating to
13 mobile crisis teams, emergency crisis
14 intervention services, or crisis sta-
15 bilization from other components of
16 the services described in section
17 1905(a)(31); and

18 “(II) provide for a prospective
19 payment system rate for any or all of
20 such crisis services that is distinct
21 from the rate encompassing the re-
22 mainder of the services described in
23 section 1905(a)(31).

24 “(D) PAYMENT BASIS.—Subject to sub-
25 paragraph (E), the State shall provide for com-

1 putation of a prospective payment amount for
2 an individual certified community behavioral
3 health clinic under the system under subpara-
4 graph (A) as follows:

5 “(i) For the first fiscal year (or por-
6 tion of a fiscal year) for which a State
7 elects to provide medical assistance for
8 such services under section 1905(a)(31),
9 such amount—

10 “(I) in the case of a State that
11 did not operate a demonstration pro-
12 gram under section 223 of the Pro-
13 tecting Access to Medicare Act of
14 2014 during a base year cor-
15 responding to the fiscal year imme-
16 diately preceding such first fiscal year
17 (or portion of a fiscal year), shall be
18 equal to 100 percent of the costs of
19 the clinic which are reasonable and re-
20 lated to the furnishing of such serv-
21 ices during such base year; and

22 “(II) in the case of a State that
23 did operate a demonstration program
24 under section 223 of the Protecting
25 Access to Medicare Act of 2014 dur-

1 ing such base year, shall be equal to,
2 at the option of the State—

3 “(aa) the amount described
4 in subclause (I); or

5 “(bb) the amount that would
6 have otherwise applied with re-
7 spect to such services under such
8 demonstration.

9 “(ii) For each subsequent fiscal year
10 for which a State elects to provide medical
11 assistance for such services under section
12 1905(a)(31), such amount shall be, subject
13 to subparagraph (F), the amount cal-
14 culated under this subparagraph for the
15 preceding fiscal year—

16 “(I) increased by the percentage
17 increase described in section
18 1834(aa)(3)(C) for the calendar year
19 in which such preceding fiscal year
20 began; and

21 “(II) adjusted to take into ac-
22 count any increase or decrease in the
23 scope of such services furnished by
24 the clinic during the fiscal year in-
25 volved.

1 “(E) ESTABLISHMENT OF INITIAL FISCAL
2 YEAR PAYMENT FOR NEW CLINICS.—For pur-
3 poses of subparagraph (D)—

4 “(i) in the case of a certified commu-
5 nity behavioral health clinic that does not
6 have available complete actual cost data
7 representing the provision of all certified
8 community behavioral health clinic services
9 provided in the base year described in
10 clause (i)(I) of such subparagraph, the
11 State may use estimated or projected data
12 relating to specific services for which the
13 clinics lack cost experience; and

14 “(ii) in the case of an entity that first
15 enrolls under this title as a certified com-
16 munity behavioral health clinic in a year
17 after the first fiscal year in which the
18 State first provides for payment for the
19 services described in section 1905(a)(31)
20 in accordance with paragraph (1)—

21 “(I) for the first fiscal year in
22 which the clinic furnishes such serv-
23 ices, the amount determined by the
24 State for such clinic shall be—

1 “(aa) determined on the
2 basis of the amounts established
3 under this paragraph for other
4 such clinics located in the same
5 or adjacent area (as defined by
6 the Secretary) with a similar case
7 load; or

8 “(bb) in the absence of any
9 such clinic, based on the reason-
10 able projected costs per visit of
11 the clinic;

12 “(II) for the second fiscal year in
13 which the clinic furnishes such serv-
14 ices, the amount determined by the
15 State for such clinic shall be deter-
16 mined under clause (i)(I) of such sub-
17 paragraph on the basis of the reason-
18 able and related costs and visits from
19 the clinic’s first fiscal year of oper-
20 ation; and

21 “(III) for the third and each sub-
22 sequent fiscal year in which the clinic
23 furnishes such services, the amount
24 determined by the State for such clin-

1 ic shall be determined under clause
2 (ii) of such subparagraph.

3 “(F) REBASING.—A State may periodically
4 (but no less frequently than every third fiscal
5 year after the first fiscal year described in sub-
6 paragraph (D)) rebase the prospective payment
7 amount determined under subparagraph (D)
8 such that costs from the fiscal year preceding
9 the rebasing year, rather than costs from the
10 base year described in clause (i)(I) of such sub-
11 paragraph, shall be used in establishing a new
12 cost-related rate for each clinic. Such rebasing
13 shall include those clinics with initial rates de-
14 termined under subparagraph (E).

15 “(3) ADMINISTRATION IN THE CASE OF MAN-
16 AGED CARE.—

17 “(A) IN GENERAL.—In the case of services
18 furnished by a certified community behavioral
19 health clinic pursuant to a contract between the
20 clinic and a managed care entity (as defined in
21 section 1932(a)(1)(B)) or other specified entity
22 (as defined in 1903(m)(9)(D)(iii)), the State
23 shall provide for payment to the clinic by the
24 State of a supplemental payment equal to the
25 amount (if any) by which the amount deter-

1 mined under the preceding paragraphs of this
2 subsection (or paragraph (4), as applicable) ex-
3 ceeds the amount of payments provided under
4 the contract. Such supplemental payment shall
5 be made pursuant to a payment schedule
6 agreed to by the State and the clinic, but in no
7 case less frequently than every 4 months.

8 “(B) OPTION TO DELEGATE PPS PAYMENT
9 TO MANAGED CARE ENTITIES THROUGH AN AL-
10 TERNATIVE PAYMENT METHODOLOGY.—Not-
11 withstanding subparagraph (A), nothing in this
12 subsection shall be interpreted to preclude a
13 State from amending its State plan to provide
14 for an alternative payment methodology under
15 paragraph (4), under which the State may dele-
16 gate to a managed care entity, as defined in
17 section 1932(a)(1)(B), the responsibility to pay
18 the clinic at least the rate determined under the
19 preceding subparagraphs (or paragraph (4), as
20 applicable), provided that the State shall meet
21 all requirements described in paragraph (4),
22 and shall use oversight processes to ensure that
23 each clinic is paid at least the amounts required
24 under the preceding paragraphs of this sub-
25 section.

1 “(4) ALTERNATIVE PAYMENT METHODOLO-
 2 GIES.—Notwithstanding any other provision of this
 3 subsection, the State plan may provide for payment
 4 in any fiscal year to a certified community behav-
 5 ioral health clinic for services described in paragraph
 6 (31) of section 1905(a) in an amount which is deter-
 7 mined under an alternative payment methodology
 8 that—

9 “(A) is agreed to by the State and the clin-
 10 ic; and

11 “(B) results in payment to the clinic of an
 12 amount which is not less than the amount oth-
 13 erwise required to be paid to the clinic under
 14 this subsection.”.

15 (b) REQUIREMENT TO USE PROSPECTIVE PAYMENT
 16 SYSTEM UNDER BENCHMARK OR BENCHMARK EQUIVA-
 17 LENT COVERAGE.—Section 1937(b)(4) of the Social Secu-
 18 rity Act (42 U.S.C. 1396u–7(b)(4)) is amended—

19 (1) in the paragraph heading, by inserting “;
 20 COVERAGE OF CCBHC SERVICES” after “FQHC
 21 SERVICES”;

22 (2) by redesignating subparagraphs (A) and
 23 (B) as clauses (i) and (ii), respectively, and adjust-
 24 ing the margins accordingly;

1 (3) by striking “this section, a State” and in-
 2 serting: “this section—

3 “(A) a State”; and

4 (4) by adding at the end the following new sub-
 5 paragraph:

6 “(B) in the case that a State provides for
 7 medical assistance for certified community be-
 8 havioral health clinic services (as defined in sec-
 9 tion 1905(jj)(1)) through enrollment of an indi-
 10 vidual with benchmark coverage or benchmark
 11 equivalent coverage under this section, payment
 12 for such services shall be made in accordance
 13 with the requirements of section 1902(yy).”.

14 **SEC. 103. EXPANDING CCBHC SERVICES WITHIN MEDICAID**
 15 **DEMONSTRATION PROGRAM.**

16 (a) **ADDITIONAL SERVICES WITHIN DEMONSTRATION**
 17 **PROGRAM.**—Section 223 of the Protecting Access to Medi-
 18 care Act of 2014 (42 U.S.C. 1396a note) is amended—

19 (1) in section (a)(2)(D)—

20 (A) by redesignating clauses (i) through
 21 (ix) as subclauses (I) through (IX), respectively,
 22 and adjusting the margins accordingly;

23 (B) by striking “Provision” and all that
 24 follows through “relationships with other pro-
 25 viders:” and inserting:

1 “(i) IN GENERAL.—Provision (in a
2 manner reflecting person-centered care)
3 of—

4 “(I) the required CCBHC serv-
5 ices (as defined in clause (ii)); and

6 “(II) the additional CCBHC
7 services (as defined in clause (iii)).

8 “(ii) REQUIRED CCBHC SERVICES.—
9 For purposes of clause (i), the term ‘re-
10 quired CCBHC services’ means any of the
11 following services which, if not available di-
12 rectly through the certified community be-
13 havioral health clinic, are provided or re-
14 ferred through formal relationships with
15 other providers:”; and

16 (C) by adding at the end the following new
17 clause:

18 “(iii) ADDITIONAL CCBHC SERV-
19 ICES.—For purposes of clause (i), the term
20 ‘additional CCBHC services’ means serv-
21 ices available directly through the certified
22 community behavioral health clinic—

23 “(I) that are not required
24 CCBHC services (as defined in clause
25 (ii));

1 “(II) that are appropriate to
2 meet the health needs of the popu-
3 lation served; and

4 “(III) which may include any of
5 the primary health services defined in
6 section 330 (b)(1)(A) of the Public
7 Health Service Act.”;

8 (2) in subsection (b)(1), by striking “mental
9 health services” and inserting “certified community
10 behavioral health clinic services”; and

11 (3) in subsection (e)—

12 (A) by redesignating paragraphs (1)
13 through (4) as paragraphs (2) through (5), re-
14 spectively; and

15 (B) by inserting before paragraph (2), as
16 so redesignated, the following new paragraph:

17 “(1) CERTIFIED COMMUNITY BEHAVIORAL
18 HEALTH CLINIC SERVICES.—The term ‘certified
19 community behavioral health clinic services’ means—

20 “(A) required CCBHC services (as defined
21 in subsection (a)(2)(D)(ii)); and

22 “(B) additional CCBHC services (as de-
23 fined in subsection (a)(2)(D)(iii)), to the extent
24 that a certified community behavioral health
25 clinic elects to furnish any such services.”.

1 (b) EFFECTIVE DATE.—The amendments made by
 2 this section shall apply with respect to services furnished
 3 on or after October 1, 2026.

4 **SEC. 104. EXPANDING SCOPE OF CCBHC SERVICES COV-**
 5 **ERED UNDER THE MEDICAID PROGRAM.**

6 (a) ADDITIONAL SERVICES WITHIN CCBHC BEN-
 7 EFIT.—Section 1905(jj) of the Social Security Act (42
 8 U.S.C. 1396d(jj)) is amended—

9 (1) in the subsection heading, by inserting “;
 10 CERTIFIED COMMUNITY BEHAVIORAL HEALTH
 11 CLINIC” after “CERTIFIED COMMUNITY BEHAV-
 12 IORAL HEALTH CLINIC SERVICES”; and

13 (2) in paragraph (1)—

14 (A) in the paragraph heading, by striking
 15 “IN GENERAL” and inserting “CERTIFIED COM-
 16 MUNITY BEHAVIORAL HEALTH CLINIC SERV-
 17 ICES”;

18 (B) by redesignating subparagraphs (A)
 19 through (I) as clauses (i) through (ix), respec-
 20 tively, and adjusting the margins accordingly;

21 (C) by striking “The term” and all that
 22 follows through “relationships with other pro-
 23 viders:” and inserting:

1 “(A) IN GENERAL.—The term ‘certified
2 community behavioral health clinic services’
3 means—

4 “(i) the required CCBHC services (as
5 defined in subparagraph (B)); and

6 “(ii) the additional CCBHC services
7 (as defined in subparagraph (C)).

8 “(B) REQUIRED CCBHC SERVICES.—For
9 purposes of subparagraph (A), the term ‘re-
10 quired CCBHC services’ means any of the fol-
11 lowing services when furnished to an individual
12 as a patient of a certified community behavioral
13 health clinic (as defined in paragraph (2)), in a
14 manner reflecting person-centered care and
15 which, if not available directly through a cer-
16 tified community behavioral health clinic, may
17 be provided or referred through formal relation-
18 ships with other providers.”; and

19 (D) by adding at the end the following new
20 subparagraph:

21 “(C) ADDITIONAL CCBHC SERVICES.—For
22 purposes of subparagraph (A), the term ‘addi-
23 tional CCBHC services’ means services fur-
24 nished to an individual as a patient of a cer-
25 tified community behavioral health clinic (as de-

1 fined in paragraph (2)), in a manner reflecting
2 person-centered care—

3 “(i) that are not required CCBHC
4 services under subparagraph (B);

5 “(ii) that are appropriate to meet the
6 health needs of the population served; and

7 “(iii) which may include any of the
8 primary health services defined in section
9 330(b)(1) of the Public Health Service
10 Act.”.

11 (b) EFFECTIVE DATE.—The amendments made by
12 this section shall apply with respect to services furnished
13 on or after October 1, 2026.

14 **TITLE II—COVERAGE OF CER-**
15 **TIFIED COMMUNITY BEHAV-**
16 **IORAL HEALTH CLINIC SERV-**
17 **ICES UNDER THE MEDICARE**
18 **PROGRAM**

19 **SEC. 201. COVERAGE OF CERTIFIED COMMUNITY BEHAV-**
20 **IORAL HEALTH CLINIC SERVICES UNDER THE**
21 **MEDICARE PROGRAM.**

22 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
23 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

24 (1) in subparagraph (JJ), by adding “and” at
25 the end; and

1 (2) by adding at the end the following new sub-
 2 paragraph:

3 “(KK) certified community behavioral health
 4 clinic services (as defined in subsection (aa)(8)) fur-
 5 nished on or after January 1, 2027.”.

6 (b) DEFINITIONS.—Section 1861(aa) of the Social
 7 Security Act (42 U.S.C. 1395x) is amended—

8 (1) in the heading, by striking “AND FEDER-
 9 ALLY QUALIFIED HEALTH CENTER SERVICES” and
 10 inserting “, FEDERALLY QUALIFIED HEALTH CEN-
 11 TER SERVICES, AND CERTIFIED COMMUNITY BE-
 12 HAVIORAL HEALTH CLINIC SERVICES”; and

13 (2) by adding at the end the following new
 14 paragraph:

15 “(8) The terms ‘certified community behavioral
 16 health clinic services’ and ‘certified community behavioral
 17 health clinic’ have the meaning given each such term in
 18 section 1905(jj).”.

19 **SEC. 202. PAYMENT FOR CERTIFIED COMMUNITY BEHAV-**
 20 **IORAL HEALTH CLINIC SERVICES UNDER THE**
 21 **MEDICARE PROGRAM.**

22 (a) IN GENERAL.—Section 1833(a)(1) of the Social
 23 Security Act (42 U.S.C. 1395l(a)(1)) is amended—

24 (1) by striking “and (HH)” and inserting
 25 “(HH)”; and

1 (2) by inserting before the semicolon at the end
2 the following: “, and (II) with respect to certified
3 community behavioral health clinic services (as de-
4 fined in section 1861(aa)(8)), the amounts paid shall
5 be equal to 80 percent of the lesser of the actual
6 charge or the amount determined under section
7 1834(aa)”.

8 (b) DEVELOPMENT AND IMPLEMENTATION OF PRO-
9 SPECTIVE PAYMENT SYSTEM.—Section 1834 of the Social
10 Security Act (42 U.S.C. 1395m) is amended by adding
11 at the end the following new subsection:

12 “(aa) DEVELOPMENT AND IMPLEMENTATION OF
13 PROSPECTIVE PAYMENT SYSTEM FOR CERTIFIED COM-
14 MUNITY BEHAVIORAL HEALTH CLINICS.—

15 “(1) IN GENERAL.—The Secretary shall develop
16 a prospective payment system for payment to cer-
17 tified community behavioral health clinic services (as
18 defined in section 1861(aa)(8)) furnished by cer-
19 tified community behavioral health clinics (as de-
20 fined in such section) under this title. In estab-
21 lishing such system, the Secretary—

22 “(A) shall take into account the type, in-
23 tensity, and duration of services furnished by
24 certified community behavioral health clinics;
25 and

1 “(B) may incorporate such adjustments,
2 including geographic adjustments, as the Sec-
3 retary determines appropriate.

4 “(2) UNIT OF PAYMENT.—In establishing a
5 prospective payment amount under the system under
6 this subsection, the Secretary shall consider an ap-
7 propriate unit of service and a general system design
8 that provides for continued access to quality serv-
9 ices.

10 “(3) PAYMENT BASIS.—Under the system
11 under this subsection, the Secretary shall provide for
12 computation of a prospective payment amount for
13 services furnished during a year as follows:

14 “(A) For 2027, such amount shall be
15 based on the average costs of such clinics which
16 are reasonable (as determined without the ap-
17 plication of a per visit payment limit or produc-
18 tivity screen and prior to the application of sec-
19 tion 1866(a)(2)(A)(ii)) and related to the fur-
20 nishing of the services described in section
21 1905(jj)(1)(B), as determined on the basis of
22 the most current audited cost report data for 2
23 consecutive fiscal years available to the Sec-
24 retary. In the absence of complete actual cost
25 data representing the provision of such services

1 during the relevant fiscal years, certified com-
2 munity behavioral health clinics may, at the
3 Secretary's discretion, submit estimated or pro-
4 jected data relating to specific services.

5 “(B) For 2028, such amount shall be
6 equal to the amount determined under subpara-
7 graph (A), increased by the percentage increase
8 in the MEI (as defined in section 1842(i)(3))
9 for the year involved.

10 “(C) For 2029 and each subsequent year,
11 such amount shall be equal to the amount de-
12 termined under this paragraph for the pre-
13 ceding year, increased by the percentage in-
14 crease in a market basket of certified commu-
15 nity behavioral health clinic services designed
16 by the Secretary (or, if such an index is not
17 available, by the percentage increase in the fed-
18 erally-qualified health center market basket (as
19 described in section 1834(o)(2)(B)(ii)(II))) for
20 the year involved.

21 “(4) PERIODIC REEVALUATION OF RATES.—

22 The Secretary may, from time to time, adjust the
23 amounts that would otherwise be applicable under
24 paragraph (3) for a year by a percentage determined
25 appropriate by the Secretary to reflect such factors

1 as changes in the intensity of services furnished
 2 within a unit of service, the average cost of pro-
 3 viding care per unit of service, and other factors
 4 that the Secretary considers to be relevant. Such ad-
 5 justment shall be made before the update under
 6 paragraph (2)(C) has been applied for the year.”.

7 **SEC. 203. NON-APPLICATION OF MEDICARE PART B DE-**
 8 **DUCTIBLE FOR CCBHC SERVICES.**

9 Section 1833(b)(4) of the Social Security Act (42
 10 U.S.C. 1395l(b)(4)) is amended by inserting “or certified
 11 community behavioral health clinic services” after “such
 12 deductible shall not apply to Federally qualified health
 13 center services”.

14 **SEC. 204. RIGHT TO SEEK REVIEW OF COST REPORTS FROM**
 15 **PROVIDER REIMBURSEMENT REVIEW BOARD.**

16 Section 1878(j) of the Social Security Act (42 U.S.C.
 17 1395oo(j)) is amended by striking “and a Federally quali-
 18 fied health center” and inserting “, a Federally qualified
 19 health center, and a certified community behavioral health
 20 clinic”.

21 **SEC. 205. EXTENDING SAFE HARBOR UNDER ANTI-KICK-**
 22 **BACK STATUTE TO WAIVERS OF CCBHC COIN-**
 23 **SURANCE.**

24 Section 1128B(b)(3)(D) of the Social Security Act
 25 (42 U.S.C. 1320a–7b(b)(3)(D)) is amended by inserting

1 “or a certified community behavioral health clinic” after
 2 “Federally qualified health care center”.

3 **SEC. 206. EFFECTIVE DATE.**

4 The amendments made by this title shall apply with
 5 respect to services furnished on or after January 1, 2026.

6 **TITLE III—COMMUNITY BEHAV-**
 7 **IORAL HEALTH CLINIC**
 8 **GRANTS**

9 **SEC. 301. OPERATING GRANTS, TECHNICAL ASSISTANCE,**
 10 **DATA INFRASTRUCTURE, AND ACCREDITA-**
 11 **TION FOR COMMUNITY BEHAVIORAL HEALTH**
 12 **CLINICS.**

13 Part D of title III of the Public Health Service Act
 14 (42 U.S.C. 254b et seq.) is amended by adding at the end
 15 the following new subpart:

16 **“Subpart XIII—Community Behavioral Health**
 17 **Clinics**

18 **“SEC. 340J. DEFINITIONS.**

19 “In this subpart:

20 “(1) CERTIFIED COMMUNITY BEHAVIORAL
 21 HEALTH CLINIC.—The term ‘certified community be-
 22 havioral health clinic’ has the meaning given such
 23 term in section 1905(jj)(2) of the Social Security
 24 Act.

1 “(2) CERTIFIED COMMUNITY BEHAVIORAL
 2 HEALTH CLINIC SERVICES.—The term ‘certified
 3 community behavioral health clinic services’ has the
 4 meaning given such term in section 1905(jj)(1) of
 5 the Social Security Act.

6 **“SEC. 340J-1. OPERATING GRANTS FOR COMMUNITY BE-**
 7 **HAVIORAL HEALTH CLINICS.**

8 “(a) IN GENERAL.—The Secretary shall establish a
 9 grant program under which the Secretary shall award
 10 grants to eligible community behavioral health clinics to
 11 provide (in a manner reflecting person-centered care) cer-
 12 tified community behavioral health clinic services that are
 13 required CCBHC services (as defined in section
 14 1905(jj)(1)(B) of the Social Security Act).

15 “(b) ELIGIBILITY; SELECTION.—

16 “(1) ELIGIBILITY.—An entity is eligible to re-
 17 ceive a grant under subsection (a) if such entity is—

18 “(A) a certified community behavioral
 19 health clinic; or

20 “(B) a community behavioral health clinic
 21 that indicates in the grant application that the
 22 clinic will use the grant funds to meet the cri-
 23 teria established by the Secretary under section
 24 223(a) of the Protecting Access to Medicare

1 Act of 2014 as of March 2023, and any subse-
2 quent updates to such criteria.

3 “(2) SELECTION.—In selecting eligible entities
4 to receive a grant under subsection (a), the Sec-
5 retary—

6 “(A) may elect to impose as a condition for
7 the receipt of a grant under this section that
8 the entity be accredited, per section 340J–4(a);

9 “(B) may award a grant to an entity de-
10 scribed in paragraph (1)(B) that specializes in
11 providing services to children, youth, or vet-
12 erans, if such entity demonstrates to the satis-
13 faction of the Secretary that the entity can en-
14 sure access to care for all individuals in the rel-
15 evant community served by the entity through
16 referral or other formal arrangements with
17 other providers of services; and

18 “(C) may establish additional conditions
19 for the receipt of a grant under this section
20 to—

21 “(i) ensure improved geographic dis-
22 tribution of community behavioral health
23 clinics;

1 “(ii) prioritize the awarding of grants
2 to eligible entities that serve communities
3 with elevated behavioral health needs;

4 “(iii) prioritize eligible entities that
5 are prepared to offer all required CCBHC
6 services (as defined in section
7 1905(jj)(1)(B) of the Social Security Act);
8 and

9 “(iv) ensure consistency in planning
10 with State CCBHC programs.

11 “(c) USE OF FUNDS.—An eligible entity that receives
12 a grant under subsection (a)—

13 “(1) shall use the grant funds—

14 “(A) to provide certified community behav-
15 ioral health clinic services; and

16 “(B) in the case of an entity described in
17 subparagraph (B) of subsection (b)(1), to meet
18 the criteria described in such subparagraph;
19 and

20 “(2) may use the grant funds—

21 “(A) to carry out other activities that—

22 “(i) reduce costs associated with the
23 provision of certified community behavioral
24 health clinic services;

1 “(ii) improve access to, and avail-
2 ability of, certified community behavioral
3 health clinic services provided to individ-
4 uals in the relevant community served by
5 the community behavioral health clinic;

6 “(iii) enhance the quality and coordi-
7 nation of certified community behavioral
8 health clinic services; or

9 “(iv) otherwise improve the health
10 status of communities; and

11 “(B) to pay for—

12 “(i) the costs of acquiring and leasing
13 buildings and equipment (including the
14 costs of amortizing the principal of, and
15 paying interest on, loans);

16 “(ii) costs relating to the purchase or
17 lease of equipment, including data and in-
18 formation systems and behavioral health
19 information technology to facilitate data
20 reporting and other purposes;

21 “(iii) the costs of in-service staff
22 training and other operational or infra-
23 structure costs as the Secretary determines
24 appropriate; or

1 “(iv) costs associated with expanding
2 and modernizing existing buildings or con-
3 structing new buildings (including the
4 costs of amortizing the principal of, and
5 paying the interest on, loans), if such costs
6 are specifically allowed for in the grant op-
7 portunity published by the Secretary.

8 “(d) USE OF NONGRANT FUNDS.—Amounts de-
9 scribed in subsection (g)(1)(B), including any such funds
10 in excess of those estimated under such subsection, shall
11 be used as permitted under this section, and may be used
12 for such other purposes as are not specifically prohibited
13 under this section if such use furthers the objectives of
14 the grant.

15 “(e) TERM.—Grants awarded under subsection (a)
16 shall be for a period of not more than 5 years.

17 “(f) CONDITION ON RECEIPT OF FUNDS.—The Sec-
18 retary may not award a grant to an eligible entity under
19 subsection (a) unless the entity provides assurances to the
20 Secretary that, not later than 120 days after receiving no-
21 tice that the entity has been selected under subsection
22 (b)(2) to receive a grant, the entity will submit to the Sec-
23 retary for approval an implementation plan that describes
24 how the entity will—

1 “(1) provide certified community behavioral
2 health clinic services; and

3 “(2) in the case of an entity described in sub-
4 paragraph (B) of subsection (b)(1), to meet the cri-
5 teria described in such subparagraph.

6 “(g) AMOUNT OF GRANT.—

7 “(1) IN GENERAL.—Subject to paragraph (2),
8 in determining the amount of a grant made in any
9 fiscal year to an eligible entity under subsection (a),
10 the Secretary shall take into account information
11 provided by the entity with respect to the following:

12 “(A) The total State, local, and other oper-
13 ational funding provided to the entity for such
14 fiscal year.

15 “(B) The fees, premiums, and third-party
16 reimbursements that the entity reasonably ex-
17 pects to receive for items and services furnished
18 during such fiscal year.

19 “(C) The costs to the entity of meeting the
20 purposes and requirements of the grant pro-
21 gram under this section during such fiscal year,
22 as estimated by the Secretary based upon the
23 anticipated costs to the entity of—

24 “(i) providing certified community be-
25 havioral health clinic services, including the

1 anticipated costs of providing any indi-
2 vidual certified community behavioral
3 health service that the entity does not have
4 experience providing at the time of submit-
5 ting an application for such grant; and

6 “(ii) in the case of an entity described
7 in subparagraph (B) of subsection (b)(1),
8 meeting the criteria described in such sub-
9 paragraph.

10 “(2) PAYMENTS.—The Secretary may award
11 grants under subsection (a) in such form and man-
12 ner as the Secretary determines appropriate (includ-
13 ing by making grant amounts available in advance
14 or through reimbursement, and including by making
15 such amounts available in installments), and may
16 adjust grant amounts to account for overpayments
17 or underpayments.

18 “(h) USE OF ACCREDITATION IN MONITORING
19 GRANT PROGRESS.—Regardless of whether the Secretary
20 elects under subsection (b) to use accreditation under sec-
21 tion 340J–4(a) as a condition for the award of a grant
22 under subsection (a), the Secretary may take such accredi-
23 tation into account in determining whether an entity re-
24 ceiving such a grant is providing the services described

1 in subsection (a) and, if applicable, meeting such criteria
2 as are described in subsection (b)(2).

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—There is authorized to be
5 appropriated to carry out this section \$552,500,000
6 for each of fiscal years 2026 through 2030.

7 “(2) MAINTENANCE OF FUNDING.—The
8 amount made available under paragraph (1) shall
9 supplement (and not supplant) any other Federal
10 funding made available for certified community be-
11 havioral health clinics.

12 “(j) GUIDANCE FOR CLINICS SERVING SPECIALIZED
13 POPULATIONS.—Not later than 1 year after the date of
14 enactment of this section, the Secretary shall publish guid-
15 ance clarifying how certified community behavioral health
16 clinics that focus on distinct populations, such as children,
17 youth, or veterans, may meet any relevant requirement to
18 furnish appropriate treatment to all individuals. Such
19 guidance shall not affect such clinics’ qualification to par-
20 ticipate in the demonstration program under section
21 223(d) of the Protecting Access to Medicare Act of 2014
22 or to furnish the services described under section
23 1905(a)(31) of the Social Security Act.

1 **“SEC. 340J-2. TECHNICAL ASSISTANCE.**

2 “(a) IN GENERAL.—Not later than 180 days after
3 the date of enactment of the Ensuring Excellence in Men-
4 tal Health Act, the Secretary shall establish a program
5 or programs through which the Secretary shall provide (ei-
6 ther through the Department of Health and Human Serv-
7 ices or by grant or contract) technical assistance, and such
8 other assistance as the Secretary determines appropriate,
9 to any of the following:

10 “(1) Entities receiving a grant under section
11 340J-1.

12 “(2) Entities participating in a demonstration
13 program under section 223(d) of the Protecting Ac-
14 cess to Medicare Act of 2014.

15 “(3) Certified community behavioral health clin-
16 ics (as defined in sections 1861(aa)(8) and
17 1905(jj)(2) of the Social Security Act) furnishing
18 services under title XVIII or title XIX of such Act.

19 “(4) Health or social service provider organiza-
20 tions pursuing or considering certified community
21 behavioral health clinic status or partnering with
22 certified community behavioral health clinics.

23 “(5) States and territories, for the purpose of
24 assisting in the consideration of demonstration pro-
25 grams carried out under section 223(d) of the Pro-
26 tecting Access to Medicare Act of 2014, the plan-

1 ning and development of new State certified commu-
2 nity behavioral health clinic programs, or the ongoing
3 implementation and improvement of established
4 State certified community behavioral health clinic
5 programs.

6 “(6) Other stakeholders, for the purpose of fa-
7 cilitating the successful implementation of the cer-
8 tified community behavioral health clinic model.

9 “(b) INCLUSIONS.—Assistance provided by the Sec-
10 retary under subsection (a) may include technical and
11 nonfinancial assistance, including, but not limited to—

12 “(1) fiscal and program management assist-
13 ance;

14 “(2) operational and administrative support;
15 and

16 “(3) the provision of information to the entities
17 about the variety of resources available under this
18 part and how those resources can be best used to
19 meet the health and behavioral health needs of the
20 communities served by the entities.

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$8,000,000 for each of fiscal years 2026 through 2030.

1 **“SEC. 340J-3. DATA INFRASTRUCTURE FOR COMMUNITY**
 2 **BEHAVIORAL HEALTH CLINIC REPORTING.**

3 “(a) IN GENERAL.—Not later than 180 days after
 4 the date of enactment of the Ensuring Excellence in Men-
 5 tal Health Act, the Secretary shall establish a system
 6 under which the Secretary shall collect and analyze data
 7 on community behavioral health clinics.

8 “(b) SCOPE OF DATA COLLECTION.—The system es-
 9 tablished under subsection (a) shall be used by the Sec-
 10 retary to collect and analyze data from—

11 “(1) entities that receive a grant under section
 12 340J-1; and

13 “(2) certified community behavioral health clin-
 14 ics (as defined in sections 1861(aa)(8) and
 15 1905(jj)(2) of the Social Security Act) furnishing
 16 services under title XVIII or title XIX of such Act.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 18 is authorized to be appropriated to carry out this section
 19 \$51,000,000 for each of fiscal years 2026 through 2030.

20 **“SEC. 340J-4. CERTIFIED COMMUNITY BEHAVIORAL**
 21 **HEALTH CLINIC ACCREDITATION.**

22 “(a) ACCREDITATION STANDARDS.—A clinic is ac-
 23 credited as a certified community behavioral health clinic
 24 under this section if the clinic—

25 “(1) is accredited by an accreditation body ap-
 26 proved by the Secretary under subsection (b); and

1 “(2) authorizes the accreditation body to sub-
2 mit to the Secretary (or such agency as the Sec-
3 retary may designate) such records or other infor-
4 mation as the Secretary may require.

5 “(b) APPROVAL OF ACCREDITATION BODIES.—The
6 Secretary may approve a private nonprofit organization to
7 be an accreditation body for the accreditation of certified
8 community behavioral health clinics under subsection (a)
9 if—

10 “(1) the accreditation body agrees to inspect
11 the clinic, using inspectors qualified to evaluate
12 quality of care in a behavioral health service setting,
13 with such frequency the Secretary determines appro-
14 priate;

15 “(2) the Secretary determines that the stand-
16 ards applied by the accreditation body in deter-
17 mining whether or not to accredit a clinic correspond
18 to (and are not less restrictive than) the criteria de-
19 scribed in section 340J–1(b)(1)(B);

20 “(3) the accreditation body has made adequate
21 assurances that the standards of the accreditation
22 body continue to be met by each clinic that it ac-
23 credited;

24 “(4) the accreditation body agrees that, for the
25 3-year period following accreditation of a clinic, in

1 the case that the accreditation body suspends, with-
2 draws, or revokes such accreditation, denies an ap-
3 plication to renew such accreditation, or takes any
4 other disciplinary action with respect to such clinic,
5 the accreditation body shall submit to the Secretary
6 the name of such clinic not later than 30 days after
7 such action is taken;

8 “(5) the accreditation body agrees that, in the
9 case that its approval is withdrawn by the Secretary,
10 the body will notify each clinic accredited by the
11 body of the withdrawal within 10 days of the with-
12 drawal; and

13 “(6) the accreditation body complies with such
14 other requirements as the Secretary determines ap-
15 propriate.

16 “(c) OVERSIGHT OF ACCREDITATION BODIES.—The
17 Secretary may provide ongoing oversight of accrediting
18 bodies approved under subsection (b). Such ongoing over-
19 sight may include the following actions:

20 “(1) Providing continual oversight and review
21 of approved accreditation processes through regular
22 communication with such bodies.

23 “(2) Providing additional review of individual
24 certified community behavioral health clinic accredi-
25 tations to assure alignment with the criteria estab-

1 lished by the Secretary under section 223(a) of the
2 Protecting Access to Medicare Act of 2014 and, in
3 cases where potential issues are identified with indi-
4 vidual certified community behavioral health clinic
5 accreditations, to provide review of such issues.

6 “(3) Mediating disputes between providers seek-
7 ing certified community behavioral health clinic ac-
8 creditation and approved accreditation bodies.

9 “(4) Providing ongoing support and coordina-
10 tion across approved accreditation bodies.

11 “(5) In cases where an approved accreditation
12 body is found to not provide accreditation in align-
13 ment with the criteria established by the Secretary
14 under section 223(a) of the Protecting Access to
15 Medicare Act of 2014, developing a process to termi-
16 nate the approval provided under subsection (b) with
17 respect to such body.

18 “(6) Periodically reviewing accreditation body
19 processes and renewing the approval provided under
20 subsection (b) with respect to such bodies.

21 “(7) Such other activities as the Secretary de-
22 termines necessary for the oversight of accreditation
23 bodies approved under subsection (b).”.

1 **TITLE IV—LIABILITY PROTEC-**
2 **TION FOR CERTIFIED COM-**
3 **MUNITY BEHAVIORAL**
4 **HEALTH CLINIC CLINICIANS**

5 **SEC. 401. CONFERRING PROTECTION UNDER THE FEDERAL**
6 **TORT CLAIMS ACT TO CLINICIANS IN CER-**
7 **TIFIED COMMUNITY BEHAVIORAL HEALTH**
8 **CLINICS.**

9 Section 224(g)(4) of the Public Health Service Act
10 (42 U.S.C. 233(g)(4)) is amended by inserting “or a cer-
11 tified community behavioral health clinic (as defined in
12 section 1905(jj)(2) of the Social Security Act)” before the
13 period at the end.

○