119TH CONGRESS
1ST SESSION

S. 3402

To amend titles XVIII and XIX of the Social Security Act and the Public Health Service Act to improve the certified community behavioral health clinic program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 9, 2025

Mr. CORNYN (for himself, Ms. SMITH, Mr. TILLIS, and Ms. CORTEZ MASTO) introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To amend titles XVIII and XIX of the Social Security Act and the Public Health Service Act to improve the certified community behavioral health clinic program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

(a) SHORT TITLE.—This Act may be cited as the ''Ensuring Excellence in Mental Health Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

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

SEC. 101. COORDINATION OF MEDICAID-CERTIFIED COMMUNITY BEHAVIORAL HEALTH SERVICES WITH COMMUNITY BEHAVIORAL HEALTH CLINICS OPERATING GRANT PROGRAM; COMMUNITY BEHAVIORAL HEALTH CLINICS ACCREDITATION OPTION.

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

(1) in paragraph (2)(C), by inserting before the period at the end ''and including any such data as the State, by agreement with the Secretary, shall access via the system described in section 340J–3 of the Public Health Service Act.''; and

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

''(3) ACCREDITATION.—In the case of services furnished on or after January 1, 2026, at the option of the State, a State may determine that an organization does not meet such criteria as the Secretary

may establish for certified community behavioral health clinics pursuant to section 223 of the Protecting Access to Medicare Act unless the organization has received accreditation by an accreditation body approved under section 340J–4 of the Public Health Service Act. An election by a State under the preceding sentence shall not relieve a State of the requirement to certify an organization under paragraph (2)(A).''.

SEC. 102. ESTABLISHING A MEDICAID PROSPECTIVE PAYMENT SYSTEM FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.

Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new subsection:

''(yy) PAYMENT FOR SERVICES PROVIDED BY CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.—

''(1) IN GENERAL.—Beginning with fiscal year 2026, with respect to services furnished on or after January 1, 2026, and each succeeding fiscal year, a State that has elected in its State plan under this title to furnish the services described in section 1905(a)(31) shall provide under the plan for payment for services furnished by a certified community behavioral health clinic described in section

1905(jj)(2) (in this subsection referred to as a 'clinic') in accordance with the provisions of this subsection.

"(2) PAYMENT FOR SERVICES IN INITIAL YEAR.—

"(A) IN GENERAL.—Subject to subparagraphs (B) and (C) and the succeeding provisions of this subsection, and in accordance with paragraph (1), for services furnished by a clinic in the first fiscal year beginning after September 30, 2025, for which a State elects to provide for payment for services described in section 1905(a)(31), the State shall provide for payment for such services in an amount (calculated on the basis of daily visits or unduplicated monthly visits, at the State's election) that is equal to 100 percent of the average costs of the clinic which are reasonable and related to the furnishing such services during a base year corresponding to the fiscal year preceding such initial fiscal year.

"(B) ADDITIONAL PAYMENT CONSIDERATIONS.—

"(i) IN GENERAL.—A State may elect in its State plan to carry out any of the

following, consistent with the methodology described in guidance issued under the authority of section 223(b) of the Protecting Access to Medicare Act:

"(I) Establishing separate prospective payment system rates for special populations.

"(II) Using a system of outlier payments for a portion of costs of furnishing the covered benefit.

"(III) With respect to the crisis services included within the benefit described in section 1905(a)(31)—

"(aa) requiring that clinics, in their cost reports, segregate costs relating to mobile crisis teams, emergency crisis intervention services, or crisis stabilization as components of the covered benefit described in section 1905(a)(31); and

"(bb) providing for a prospective payment system rate for any or all of such crisis services, distinct from the rate encom-

passing the remainder of the services described in section 1905(a)(31).

''(ii) STATES WITH PAMA DEMONSTRATION PROGRAMS.—If a State electing to furnish services described in section 1905(a)(31) under its State plan, as of the year prior to the initial fiscal year described above, operated a demonstration program under section 223 of the Protecting Access to Medicare Act, such State may elect under the State plan to establish as its initial rate under this paragraph, for any clinic that participated in such demonstration, the rate that would otherwise have applied under the demonstration.

''(iii) USE OF ESTIMATED OR PROJECTED DATA.—In the absence of complete actual cost data representing the provision of the full covered benefit in such base year, the State may provide in its State plan amendment to allow clinics to use estimated or projected data relating to specific services for which they lack cost experience.

''(C) INFLATION ADJUSTMENT.—The per-unit rate derived from the cost data described in subparagraph (A) shall be annually adjusted by the inflationary factor described in section 1834(aa)(2)(C), and shall be adjusted to take into account any increase or decrease in the scope of such services furnished by the clinic in the fiscal year involved.

''(3) PAYMENT FOR SERVICES IN SUBSEQUENT FISCAL YEARS.—Subject to the succeeding provisions of this subsection, for services described in section 1905(a)(31) furnished by a clinic after the initial fiscal year described in paragraph (2), the State plan shall provide for payment for such services in an amount (calculated on the basis of daily visits or unduplicated monthly visits, at the State's election) that is equal to the amount calculated under this subsection for such services and clinic for the preceding fiscal year—

''(A) increased by the percentage increase in the inflationary factor described in section 1834(aa)(2)(C) for such fiscal year; and

''(B) adjusted to take into account any increase or decrease in the scope of such services

furnished by the clinic during the fiscal year involved.

''(4) ESTABLISHMENT OF INITIAL FISCAL YEAR PAYMENT FOR NEW CLINICS.—

''(A) IN GENERAL.—In any case in which an entity first qualifies as a certified community behavioral health clinic in a year after the first fiscal year in which the State first provides for payment for the services described in section 1905(a)(31) in accordance with paragraph (1), the State plan shall provide for payment for such services in the first fiscal year in which the clinic so qualifies in an amount (calculated on the basis of daily visits or unduplicated monthly visits, at the State's election) that is equal to the rates established under this subsection for other such clinics located in the same or adjacent area with a similar case load, or in the absence of any such clinic, based on the reasonable projected costs per visit of the clinic.

''(B) ADDITIONAL REQUIREMENT.—Not later than the second fiscal year in which a clinic described in subparagraph (A) furnishes services described in section 1905(a)(31)—

"(i) the State shall establish a unique payment rate for the clinic based on the methodology described in paragraph (2), using reasonable and related costs from the clinic's first fiscal year of operation as the basis for establishing such rates; and

"(ii) in any year following the establishment of an initial rate under this subparagraph, the State plan shall provide for the payment amount to be adjusted in accordance with paragraph (3) and (as applicable) reestablished in accordance with paragraph (5).

"(5) OPTIONAL PERIODIC REBASE OF PPS RATES.—Notwithstanding the preceding paragraphs, a State may elect in its State plan amendment to establish a new prospective payment system rate for clinics on a periodic basis. Under such an election, periodically (but not less frequently than every 3rd fiscal year) after the initial year, as described in paragraph (2), in which the State first furnishes the services described in section 1905(a)(31), the State shall set a new rebased rate for each clinic whose rate was initially set pursuant to paragraph (2), except that costs from the fiscal year preceding such

rebasing year, rather than costs from the base year described in paragraph (2), shall be used in establishing a new cost-related rate for each clinic. States electing this option shall also follow this methodology and schedule in periodically establishing new rates for those clinics whose initial rates were set as described in paragraph (4).

''(6) ADMINISTRATION IN THE CASE OF MANAGED CARE.—

''(A) IN GENERAL.—In the case of services furnished by a certified community behavioral health clinic pursuant to a contract between the clinic and a managed care entity (as defined in section 1932(a)(1)(B)), the State plan shall provide for payment to the clinic by the State of a supplemental payment equal to the amount (if any) by which the amount determined under the preceding paragraphs of this subsection or as applicable, paragraph (7), exceeds the amount of payments under the contract, with such supplemental payment being made pursuant to a payment schedule agreed to by the State and the certified community behavioral health clinic, but not less frequently than every 3 months.

''(B) OPTION TO DELEGATE PPS PAYMENT TO MANAGED CARE ENTITIES THROUGH AN ALTERNATIVE PAYMENT METHODOLOGY.—

''(i) IN GENERAL.—Notwithstanding subparagraph (A), nothing in this subsection shall be interpreted to preclude a State from amending its State plan to provide for an alternative payment methodology in accordance with paragraph (7), under which the State may delegate to a managed care entity (as defined in section 1932(a)(1)(B)) the responsibility to pay the clinic at least the rate determined under the preceding subparagraphs or as applicable, paragraph (7).

''(ii) REQUIREMENTS.—In making a delegation under clause (i), a State shall ensure that it complies with the requirements described in paragraph (7) and shall use reconciliation and oversight processes to ensure that each clinic is paid at least the amounts required under the preceding paragraphs of this subsection.

''(7) ALTERNATIVE PAYMENT METHODOLOGIES.—Notwithstanding any other provision of this

subsection, a State plan may provide for payment in any year to a certified community behavioral health clinic for services described in section 1905(a)(31) in an amount which is determined under an alternative payment methodology that—

"(A) is agreed to by the State and the clinic; and

"(B) results in payment to the clinic of an amount which is not less than the amount otherwise required to be paid to the clinic under this subsection.".

SEC. 103. EXPANDING CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES WITHIN MEDICAID DEMONSTRATION PROGRAM.

(a) ADDITIONAL SERVICES WITHIN DEMONSTRATION PROGRAM.—

(1) IN GENERAL.—Section 223(a)(2)(D) of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note), is amended to read as follows:

"(D) SCOPE OF SERVICES.—Provision (in a manner reflecting person-centered care) of at least the following required services described in clause (i), which may be furnished either directly or, if not available directly, through formal relationships with other providers, and at

the discretion of the certified community behavioral health clinic, at least 1 of the following additional services described in clause (ii) furnished directly by the clinic:

"(i) REQUIRED SERVICES.—

"(I) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

"(II) Screening, assessment, and diagnosis, including risk assessment.

"(III) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

"(IV) Outpatient mental health and substance use services.

"(V) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.

"(VI) Targeted case management.

"(VII) Psychiatric rehabilitation services.

''(VIII) Peer support and counselor services and family supports.

''(IX) Intensive, community-based mental health care for members of the Armed Forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

''(ii) ADDITIONAL SERVICES.—The additional services described in this clause are—

''(I) services not described in clause (i); and

''(II) services that are appropriate to meet the health needs of the population served, including any of the primary health services described in section 330(b)(1)(A) of the Public Health Service Act.''.

(2) ADDITIONAL AMENDMENTS.—Section 223 of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note), is amended—

(A) in subsection (b)(1), by striking ''mental health services'' and inserting ''certified community behavioral health clinic services'';

(B) in subsection (d)(5)(D)—

(i) by inserting ''(including such State's prior use under such demonstration of a supplemental payment or 'wrap-around' framework for payments for services furnished under contract with a managed care entity)'' after ''established under subsection (c)''; and

(ii) by striking the period at the end and inserting the following: '', and notwithstanding any Federal regulation concerning prohibition of additional payments for services covered under a contract with a managed care entity, a prepaid inpatient health plan, or a prepaid ambulatory health plan.''; and

(C) in subsection (e)—

(i) by redesignating paragraphs (1) through (4) as paragraphs (2) through (5); and

(ii) by inserting before paragraph (2) the following new paragraph:

''(1) CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES.—The term 'certified community behavioral health clinic services' means any services required under clause (i) of subsection (a)(2)(D) and any additional services described in clause (ii) of such subsection to the extent that a certified community behavioral health clinic elects to furnish such services.''.

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

SEC. 104. EXPANDING CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES COVERED UNDER THE MEDICAID STATE PLAN.

(a) ADDITIONAL SERVICES WITHIN CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC BENEFIT.—Section 1905(jj)(1) of the Social Security Act (42 U.S.C. 1396d(jj)(1)) is amended to read as follows:

''(1) IN GENERAL.—The term 'certified community behavioral health services' means the following

required services described in subparagraph (A), which may be furnished either directly or, if not available directly, through formal relationships with other providers, and at the discretion of the certified community behavioral health clinic, at least 1 of the following additional services described in subparagraph (B) furnished directly by the clinic:

''(A) REQUIRED SERVICES.—

''(i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

''(ii) Screening, assessment, and diagnosis, including risk assessment.

''(iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

''(iv) Outpatient mental health and substance use services.

''(v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.

''(vi) Targeted case management.

''(vii) Psychiatric rehabilitation services.

"(viii) Peer support and counselor services and family supports.

"(ix) Intensive, community-based mental health care for members of the Armed Forces and veterans who are eligible for medical assistance, particularly such members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

"(B) ADDITIONAL SERVICES.—The additional services described in this subparagraph are—

"(i) services not described in subparagraph (A); and

"(ii) services that are appropriate to meet the health needs of the population served, including any of the primary health services described in section 330(b)(1)(A) of the Public Health Service Act.".

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

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.

(a) COVERAGE.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (JJ), by inserting ''and'' at the end; and

(2) by adding at the end the following new subparagraph:

''(KK) certified community behavioral health clinic services (as defined in subsection (aa)(8)) furnished on or after January 1, 2027.''.

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

(1) in the heading, by striking ''AND FEDERALLY QUALIFIED HEALTH CENTER SERVICES'' and inserting '', FEDERALLY QUALIFIED HEALTH CEN-

TER SERVICES, AND CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES''; and

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

''(8) The terms 'certified community behavioral health clinic services' and 'certified community behavioral health clinic' have the meaning given those terms in paragraphs (1) and (2), respectively, of section 1905(jj).''.

SEC. 202. PAYMENT FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES UNDER THE MEDICARE PROGRAM.

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

(1) by striking ''and (HH)'' and inserting ''(HH)''; and

(2) by inserting before the semicolon at the end the following: '', and (II) with respect to certified community behavioral health clinic services for which payment is made under section 1834(aa), the amounts paid shall be equal to 80 percent of the lesser of the actual charge or the amount determined under such section''.

(b) DEVELOPMENT AND IMPLEMENTATION OF PROSPECTIVE PAYMENT SYSTEM.—Section 1834 of the Social

Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(aa) DEVELOPMENT AND IMPLEMENTATION OF PROSPECTIVE PAYMENT SYSTEM FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.—

''(1) DEVELOPMENT.—

''(A) IN GENERAL.—The Secretary shall develop a prospective payment system for payment for community behavioral health clinic services (as defined in section 1861(aa)(8)) furnished by certified community behavioral health clinics (as defined in such section) under this title.

''(B) CONSIDERATIONS AND ADJUSTMENTS.—In developing the system described in subparagraph (A), the Secretary—

''(i) shall—

''(I) take into account the type, intensity, and duration of services furnished by certified community behavioral health clinics; and

''(II) consider an appropriate unit of service and a general system design that provides for continued access to quality services; and

"(ii) may include adjustments, including geographic adjustments, as determined appropriate by the Secretary.

"(2) IMPLEMENTATION.—

"(A) IN GENERAL.—For cost reporting periods beginning on or after January 1, 2027, the Secretary shall provide for payments of prospective payment rates for certified community behavioral health clinic services furnished by certified community behavioral health clinics under this title in accordance with the prospective payment system developed by the Secretary under paragraph (1).

"(B) INITIAL PAYMENTS.—

"(i) IN GENERAL.—Subject to clause (ii), in the first year that such prospective payment system is implemented, the Secretary shall implement such system to reflect the national average allowable service costs of certified community behavioral health clinics on the basis of the most current audited cost report data for the 2 most recent fiscal years available to the Secretary. Initial payments shall be established without the application of a per visit

limit or productivity screen and shall be based on national average costs per unit of service, updated as appropriate by the inflationary adjustment described in subparagraph (C).

''(ii) ABSENCE OF DATA.—In the absence of complete cost report data described in clause (i), certified community behavioral health clinics may, at the Secretary's discretion, submit estimated or projected data relating to specific services.

''(C) PAYMENTS IN SUBSEQUENT YEARS.—Payment rates in years after the year of implementation of such system shall be the payment rates in the previous year increased—

''(i) in the first year after implementation of such system, by the percentage increase in the MEI (as defined in section 1842(i)(3)); and

''(ii) in subsequent years—

''(I) by the percentage increase in a market basket of certified community behavioral health clinic services, designed by the Secretary; or

"(II) if such an index is not available, by the percentage increase in the Federally qualified health center market basket (as described in section 1834(o)(2)(B)(ii)(II)) for the year involved.

"(3) PERIODIC REEVALUATION OF RATES.—The Secretary may periodically adjust the amounts that would otherwise be applicable under paragraph (2) by a percentage determined appropriate by the Secretary to reflect such factors as changes in the intensity of certified community behavioral health clinic services furnished within a unit of service, the average cost of providing care per unit of service, and other factors that the Secretary considers to be appropriate. Such adjustment shall be made before the update under clause (i) or (ii) of paragraph (2)(C) has been applied for the year.".

SEC. 203. NON-APPLICATION OF MEDICARE PART B DEDUCTIBLE FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES.

Section 1833(b)(4) of the Social Security Act (42 U.S.C. 1395l(b)(4)) is amended by inserting "or certified community behavioral health clinic services" before the comma at the end.

SEC. 204. RIGHT TO SEEK PAYMENT REIMBURSEMENT REVIEW BOARD REVIEW OF COST REPORTS.

Section 1878(j) of the Social Security Act (42 U.S.C. 1395oo(j)) is amended by striking ''and a Federally qualified health center'' and inserting '', a Federally qualified health center, and a certified community behavioral health clinic''.

SEC. 205. EXTENDING SAFE HARBOR UNDER ANTI-KICKBACK STATUTE TO WAIVERS OF CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC COINSURANCE.

Section 1128B(b)(3)(D) of the Social Security Act (42 U.S.C. 1320a–7b(b)(3)(D)) is amended by inserting ''or a certified community behavioral health clinic'' after ''Federally qualified health care center''.

SEC. 206. EFFECTIVE DATE.

The amendments made by this title shall apply with respect to services furnished on or after January 1, 2027.

TITLE III—COMMUNITY BEHAVIORAL HEALTH CLINICS

SEC. 301. COMMUNITY BEHAVIORAL HEALTH CLINICS.

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

"Subpart XIII—Community Behavioral Health Clinics

"SEC. 340J. DEFINITIONS.

''In this subpart:

''(1) CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC.—The term 'certified community behavioral health clinic' has the meaning given the term in section 1905(jj)(2) of the Social Security Act.

''(2) CERTIFIED COMMUNITY BEHAVIORAL HEALTH SERVICES.—The term 'certified community behavioral health services' has the meaning given the term in section 1905(jj)(1) of the Social Security Act.

"SEC. 340J–1. OPERATING GRANTS FOR COMMUNITY BEHAVIORAL HEALTH CLINICS.

''(a) IN GENERAL.—The Secretary shall establish a grant program under which the Secretary shall award grants to eligible community behavioral health clinics to provide (in a manner reflecting person-centered care) the full array of certified community behavioral health services.

''(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), an entity shall be—

''(1) a certified community behavioral health clinic; or

"(2) a community behavioral health clinic that—

"(A) indicates in the grant application that—

"(i) it will use the grant funds to meet such criteria required to be a certified community behavioral health clinic; and

"(ii) agrees to seek accreditation under section 340J–4(a), as the Secretary may require; and

"(B) demonstrates how it can ensure access to care for all individuals in the community through referral or other formal arrangements with other providers of services, in the case of an entity that specializes in services to children or youth or to veterans.

"(c) USE OF FUNDS.—A community behavioral health clinic that receives a grant under subsection (a)—

"(1) shall use the grant funds—

"(A) to provide the services described in subsection (a); and

"(B) in the case of a community behavioral health clinic described in subsection (b)(2), to

attain certification and accreditation as described in subsection (b)(2)(A); and

''(2) may use the grant funds—

''(A) to carry out other activities that—

''(i) reduce costs associated with the provision of certified community behavioral health services;

''(ii) improve access to, and availability of, certified community behavioral health services provided to individuals served by the community behavioral health clinic;

''(iii) enhance the quality and coordination of certified community behavioral health services; or

''(iv) improve the health status of communities; and

''(B) to pay for—

''(i) the costs of acquiring and leasing buildings and equipment (including the costs of amortizing the principal of, and paying interest on, loans);

''(ii) costs relating to the purchase or lease of equipment, including data and information systems and behavioral health

information technology to facilitate data reporting and other purposes;

"(iii) the costs of in-service staff training and other operational or infrastructure costs identified by the Secretary; and

"(iv) costs associated with expanding and modernizing existing buildings or constructing new buildings (including the costs of amortizing the principal of, and paying the interest on, loans), if such costs are specifically allowed for in the grant opportunity published by the Secretary.

"(d) USE OF NONGRANT FUNDS.—Nongrant funds described in subsection (g)(1)(B), including any such funds in excess of those originally expected, shall be used as permitted under this section, and may be used for such other purposes as are not specifically prohibited under this section if such use furthers the objectives of the project.

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

"(f) CONDITION ON RECEIPT OF FUNDS.—The Secretary shall not make a grant to an applicant under subsection (a) unless the applicant provides assurances to the Secretary that within 120 days of receiving grant funding

for the operation of the clinic, the applicant will submit for approval by the Secretary an implementation plan that describes how the applicant will—

''(1) provide the services described in subsection (a); and

''(2) in the case of a community behavioral health clinic described in subsection (b)(2), attain certification and accreditation as described in subsection (b)(2)(A).

''(g) AMOUNT OF GRANT.—

''(1) IN GENERAL.—Subject to paragraph (2), the amount of a grant made in any fiscal year to a community behavioral health clinic under subsection (a) shall be determined by the Secretary based on information provided by the community behavioral health clinic, but may not exceed an amount equal to the difference between—

''(A) the costs of operating the clinic to meet the purposes and requirements of the grant program under this section during such fiscal year; and

''(B) the sum obtained by adding—

''(i) the total State, local, and other operational funding provided to the clinic for such fiscal year; and

''(ii) the fees, premiums, and third-party reimbursements that the clinic reasonably expects to receive for its operations in such fiscal year.

''(2) REQUIREMENT.—In determining the costs described in paragraph (1)(A) with respect to a community behavioral health clinic, the Secretary may estimate, based on an estimate of anticipated costs provided by the applicable community behavioral health clinic, the anticipated costs of such clinic in—

''(A) providing the services described in subsection (a), including the anticipated costs of providing any individual certified community behavioral health service that the applicant entity does not have experience providing at the time of submitting an application for such grant; and

''(B) if applicable, attain certification and accreditation as described in subsection (b)(2)(A).

''(3) PAYMENTS.—The Secretary may—

''(A) disperse funds awarded under subsection (a)—

''(i) in advance or through reimbursement; and

"(ii) in installments;

"(B) make adjustments to such disbursements to account for overpayments or underpayments.

"(h) USE OF ACCREDITATION IN MONITORING GRANT PROGRESS.—Regardless of whether the Secretary elects to use accreditation under section 340J–4(a) as a condition for award of an operating grant as described in subsection (b)(2)(A)(ii), the Secretary may take such accreditation into account in determining if an entity receiving a grant under this section is providing the services described in subsection (a) and, if applicable, meeting the criteria for certification described in subsection (b)(2)(A)(i).

"(i) AUTHORIZATION OF APPROPRIATIONS.—

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

"(2) MAINTENANCE OF FUNDING.—The amount made available under paragraph (1) shall supplement (and not supplant) any other Federal funding made available for certified community behavioral health clinics.

"(j) STUDY OF CLINICS SERVING SPECIALIZED POPULATIONS.—Not later than 1 year after the date of enact-

ment of this section, the Secretary shall publish guidance clarifying how clinics that focus on distinct populations, such as children or youth and veterans, may meet any relevant requirement to furnish appropriate treatment to individuals across the lifespan. Such guidance shall not affect clinics' qualification to participate in the demonstration program under section 223(a)(1) of the Protecting Access to Medicare Act of 2014 or to furnish the services described in section 1905(a)(31) of the Social Security Act.''.

''SEC. 340J–2. TECHNICAL ASSISTANCE.

''(a) IN GENERAL.—Not later than 180 days after the date of enactment of this section, the Secretary shall establish a program or programs through which the Secretary shall provide (directly or by grant or contract) technical assistance and other assistance to any of the following:

''(1) Entities that receive a grant under section 340J–1.

''(2) Entities participating in a Medicaid demonstration program under section 223(d) of the Protecting Access to Medicare Act.

''(3) Certified community behavioral health clinics furnishing services under title XVIII or title XIX of the Social Security Act.

''(4) Health or social service provider organizations pursuing or considering seeking status as a certified community behavioral health clinic or partnering with certified community behavioral health clinics.

''(5) Other stakeholders, including demonstration planning grant recipients and State Medicaid or behavioral health officials, for the purpose of facilitating successful implementation of the certified community behavioral health clinic model.

''(b) INCLUSIONS.—Assistance provided by the Secretary under subsection (a) may include technical and nonfinancial assistance, including—

''(1) fiscal and program management assistance;

''(2) operational and administrative support; and

''(3) information about the variety of resources available under this part and how such resources best can be used to meet the health and behavioral health needs of the communities served by the entities.

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

"SEC. 340J–3. DATA INFRASTRUCTURE FOR COMMUNITY BEHAVIORAL HEALTH CLINIC REPORTING.

"(a) IN GENERAL.—Not later than 180 days after the date of enactment of this part, the Secretary shall establish a system under which the Secretary collects and analyzes data on community behavioral health clinics.

"(b) SCOPE OF DATA COLLECTION.—The system established under subsection (a) shall be used by the Secretary to collect and analyze data from—

"(1) entities that receive a grant under section 340J–1; and

"(2) organizations that provide certified community behavioral health services, or have applied to provide such services, under the Medicare program under title XVIII of the Social Security Act or the Medicaid program under title XIX of such Act.

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

"SEC. 340J–4. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC ACCREDITATION.

"(a) ACCREDITATION STANDARDS.—A clinic may be accredited as a certified community behavioral health clinic if the clinic—

"(1) meets the standards of an approved accreditation body; and

''(2) authorizes the accreditation body to submit to the Secretary (or such agency as the Secretary may designate) such records or other information as the Secretary may require.

''(b) APPROVAL OF ACCREDITATION BODIES.—

''(1) IN GENERAL.—The Secretary may approve a private nonprofit organization to be an accreditation body for the accreditation of certified community behavioral health clinics under subsection (a) if—

''(A) using inspectors qualified to evaluate quality of care in a behavioral health service setting, the accreditation body agrees to inspect the clinic with such frequency as is determined by the Secretary;

''(B) the standards applied by the body in determining whether or not to accredit a clinic correspond to such criteria as are described in section 340J–1(b)(2), pursuant to the determination of the Secretary, and are not less restrictive than such criteria;

''(C) there is adequate provision for assuring that the standards of the accreditation body continue to be met by the clinic;

''(D) in the case of any clinic accredited, within the prior 3 years, by the body which has had its accreditation denied, suspended, withdrawn, or revoked or which has had any other action taken against it by the accrediting body, the accrediting body agrees to submit to the Secretary the name of such clinic within 30 days of the action taken; and

''(E) if the accreditation body has its approval withdrawn by the Secretary, the body agrees to notify each clinic accredited by the body of the withdrawal within 10 days of the withdrawal.''.

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.

Section 224(g)(4) of the Public Health Service Act (42 U.S.C. 233) is amended by adding at the end the fol-

lowing: ''or certified community behavioral health clinic as defined in section 1905(jj)(2) of the Social Security Act''.

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