

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

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.

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

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

Sec. 1. Short title.

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.
- Sec. 102. Establishing a Medicaid prospective payment system for certified community behavioral health clinics.
- Sec. 103. Expanding certified community behavioral health clinic services within Medicaid demonstration program.
- Sec. 104. Expanding certified community behavioral health clinic services covered under the Medicaid State plan.

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 certified community behavioral health clinic services.
- Sec. 204. Right to seek Payment Reimbursement Review Board review of cost reports.
- Sec. 205. Extending safe harbor under anti-kickback statute to waivers of certified community behavioral health clinic coinsurance.
- Sec. 206. Effective date.

TITLE III—COMMUNITY BEHAVIORAL HEALTH CLINICS

- Sec. 301. 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 IN THE**
 6 **MEDICAID PROGRAM**

7 **SEC. 101. COORDINATION OF MEDICAID-CERTIFIED COM-**
 8 **MUNITY BEHAVIORAL HEALTH SERVICES**
 9 **WITH COMMUNITY BEHAVIORAL HEALTH**
 10 **CLINICS OPERATING GRANT PROGRAM; COM-**
 11 **MUNITY BEHAVIORAL HEALTH CLINICS AC-**
 12 **CREDITATION OPTION.**

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

15 (1) in paragraph (2)(C), by inserting before the
 16 period at the end “and including any such data as
 17 the State, by agreement with the Secretary, shall ac-
 18 cess via the system described in section 340J–3 of
 19 the Public Health Service Act.”; and

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

22 “(3) ACCREDITATION.—In the case of services
 23 furnished on or after January 1, 2026, at the option
 24 of the State, a State may determine that an organi-
 25 zation does not meet such criteria as the Secretary

1 may establish for certified community behavioral
 2 health clinics pursuant to section 223 of the Pro-
 3 tecting Access to Medicare Act unless the organiza-
 4 tion has received accreditation by an accreditation
 5 body approved under section 340J–4 of the Public
 6 Health Service Act. An election by a State under the
 7 preceding sentence shall not relieve a State of the
 8 requirement to certify an organization under para-
 9 graph (2)(A).”.

10 **SEC. 102. ESTABLISHING A MEDICAID PROSPECTIVE PAY-**
 11 **MENT SYSTEM FOR CERTIFIED COMMUNITY**
 12 **BEHAVIORAL HEALTH CLINICS.**

13 Section 1902 of the Social Security Act (42 U.S.C.
 14 1396a) is amended by adding at the end the following new
 15 subsection:

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

18 “(1) IN GENERAL.—Beginning with fiscal year
 19 2026, with respect to services furnished on or after
 20 January 1, 2026, and each succeeding fiscal year, a
 21 State that has elected in its State plan under this
 22 title to furnish the services described in section
 23 1905(a)(31) shall provide under the plan for pay-
 24 ment for services furnished by a certified community
 25 behavioral health clinic described in section

1 1905(jj)(2) (in this subsection referred to as a ‘clin-
2 ic’) in accordance with the provisions of this sub-
3 section.

4 “(2) PAYMENT FOR SERVICES IN INITIAL
5 YEAR.—

6 “(A) IN GENERAL.—Subject to subpara-
7 graphs (B) and (C) and the succeeding provi-
8 sions of this subsection, and in accordance with
9 paragraph (1), for services furnished by a clinic
10 in the first fiscal year beginning after Sep-
11 tember 30, 2025, for which a State elects to
12 provide for payment for services described in
13 section 1905(a)(31), the State shall provide for
14 payment for such services in an amount (cal-
15 culated on the basis of daily visits or
16 unduplicated monthly visits, at the State’s elec-
17 tion) that is equal to 100 percent of the average
18 costs of the clinic which are reasonable and re-
19 lated to the furnishing such services during a
20 base year corresponding to the fiscal year pre-
21 ceding such initial fiscal year.

22 “(B) ADDITIONAL PAYMENT CONSIDER-
23 ATIONS.—

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

1 following, consistent with the methodology
2 described in guidance issued under the au-
3 thority of section 223(b) of the Protecting
4 Access to Medicare Act:

5 “(I) Establishing separate pro-
6 spective payment system rates for spe-
7 cial populations.

8 “(II) Using a system of outlier
9 payments for a portion of costs of fur-
10 nishing the covered benefit.

11 “(III) With respect to the crisis
12 services included within the benefit
13 described in section 1905(a)(31)—

14 “(aa) requiring that clinics,
15 in their cost reports, segregate
16 costs relating to mobile crisis
17 teams, emergency crisis interven-
18 tion services, or crisis stabiliza-
19 tion as components of the cov-
20 ered benefit described in section
21 1905(a)(31); and

22 “(bb) providing for a pro-
23 spective payment system rate for
24 any or all of such crisis services,
25 distinct from the rate encom-

1 passing the remainder of the
2 services described in section
3 1905(a)(31).

4 “(ii) STATES WITH PAMA DEM-
5 ONSTRATION PROGRAMS.—If a State elect-
6 ing to furnish services described in section
7 1905(a)(31) under its State plan, as of the
8 year prior to the initial fiscal year de-
9 scribed above, operated a demonstration
10 program under section 223 of the Pro-
11 tecting Access to Medicare Act, such State
12 may elect under the State plan to establish
13 as its initial rate under this paragraph, for
14 any clinic that participated in such dem-
15 onstration, the rate that would otherwise
16 have applied under the demonstration.

17 “(iii) USE OF ESTIMATED OR PRO-
18 JECTED DATA.—In the absence of complete
19 actual cost data representing the provision
20 of the full covered benefit in such base
21 year, the State may provide in its State
22 plan amendment to allow clinics to use es-
23 timated or projected data relating to spe-
24 cific services for which they lack cost expe-
25 rience.

1 “(C) INFLATION ADJUSTMENT.—The per-
 2 unit rate derived from the cost data described
 3 in subparagraph (A) shall be annually adjusted
 4 by the inflationary factor described in section
 5 1834(aa)(2)(C), and shall be adjusted to take
 6 into account any increase or decrease in the
 7 scope of such services furnished by the clinic in
 8 the fiscal year involved.

9 “(3) PAYMENT FOR SERVICES IN SUBSEQUENT
 10 FISCAL YEARS.—Subject to the succeeding provisions
 11 of this subsection, for services described in section
 12 1905(a)(31) furnished by a clinic after the initial
 13 fiscal year described in paragraph (2), the State
 14 plan shall provide for payment for such services in
 15 an amount (calculated on the basis of daily visits or
 16 unduplicated monthly visits, at the State’s election)
 17 that is equal to the amount calculated under this
 18 subsection for such services and clinic for the pre-
 19 ceding fiscal year—

20 “(A) increased by the percentage increase
 21 in the inflationary factor described in section
 22 1834(aa)(2)(C) for such fiscal year; and

23 “(B) adjusted to take into account any in-
 24 crease or decrease in the scope of such services

1 furnished by the clinic during the fiscal year in-
2 volved.

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

5 “(A) IN GENERAL.—In any case in which
6 an entity first qualifies as a certified commu-
7 nity behavioral health clinic in a year after the
8 first fiscal year in which the State first provides
9 for payment for the services described in section
10 1905(a)(31) in accordance with paragraph (1),
11 the State plan shall provide for payment for
12 such services in the first fiscal year in which
13 the clinic so qualifies in an amount (calculated
14 on the basis of daily visits or unduplicated
15 monthly visits, at the State’s election) that is
16 equal to the rates established under this sub-
17 section for other such clinics located in the
18 same or adjacent area with a similar case load,
19 or in the absence of any such clinic, based on
20 the reasonable projected costs per visit of the
21 clinic.

22 “(B) ADDITIONAL REQUIREMENT.—Not
23 later than the second fiscal year in which a clin-
24 ic described in subparagraph (A) furnishes serv-
25 ices described in section 1905(a)(31)—

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

7 “(ii) in any year following the estab-
 8 lishment of an initial rate under this sub-
 9 paragraph, the State plan shall provide for
 10 the payment amount to be adjusted in ac-
 11 cordance with paragraph (3) and (as appli-
 12 cable) reestablished in accordance with
 13 paragraph (5).

14 “(5) OPTIONAL PERIODIC REBASE OF PPS
 15 RATES.—Notwithstanding the preceding paragraphs,
 16 a State may elect in its State plan amendment to es-
 17 tablish a new prospective payment system rate for
 18 clinics on a periodic basis. Under such an election,
 19 periodically (but not less frequently than every 3rd
 20 fiscal year) after the initial year, as described in
 21 paragraph (2), in which the State first furnishes the
 22 services described in section 1905(a)(31), the State
 23 shall set a new rebased rate for each clinic whose
 24 rate was initially set pursuant to paragraph (2), ex-
 25 cept that costs from the fiscal year preceding such

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

8 “(6) ADMINISTRATION IN THE CASE OF MAN-
9 AGED CARE.—

10 “(A) IN GENERAL.—In the case of services
11 furnished by a certified community behavioral
12 health clinic pursuant to a contract between the
13 clinic and a managed care entity (as defined in
14 section 1932(a)(1)(B)), the State plan shall
15 provide for payment to the clinic by the State
16 of a supplemental payment equal to the amount
17 (if any) by which the amount determined under
18 the preceding paragraphs of this subsection or
19 as applicable, paragraph (7), exceeds the
20 amount of payments under the contract, with
21 such supplemental payment being made pursu-
22 ant to a payment schedule agreed to by the
23 State and the certified community behavioral
24 health clinic, but not less frequently than every
25 3 months.

1 “(B) OPTION TO DELEGATE PPS PAYMENT
2 TO MANAGED CARE ENTITIES THROUGH AN AL-
3 TERNATIVE PAYMENT METHODOLOGY.—

4 “(i) IN GENERAL.—Notwithstanding
5 subparagraph (A), nothing in this sub-
6 section shall be interpreted to preclude a
7 State from amending its State plan to pro-
8 vide for an alternative payment method-
9 ology in accordance with paragraph (7),
10 under which the State may delegate to a
11 managed care entity (as defined in section
12 1932(a)(1)(B)) the responsibility to pay
13 the clinic at least the rate determined
14 under the preceding subparagraphs or as
15 applicable, paragraph (7).

16 “(ii) REQUIREMENTS.—In making a
17 delegation under clause (i), a State shall
18 ensure that it complies with the require-
19 ments described in paragraph (7) and shall
20 use reconciliation and oversight processes
21 to ensure that each clinic is paid at least
22 the amounts required under the preceding
23 paragraphs of this subsection.

24 “(7) ALTERNATIVE PAYMENT METHODOLO-
25 GIES.—Notwithstanding any other provision of this

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

6 “(A) is agreed to by the State and the clin-
 7 ic; and

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

12 **SEC. 103. EXPANDING CERTIFIED COMMUNITY BEHAV-**
 13 **IORAL HEALTH CLINIC SERVICES WITHIN**
 14 **MEDICAID DEMONSTRATION PROGRAM.**

15 (a) ADDITIONAL SERVICES WITHIN DEMONSTRATION
 16 PROGRAM.—

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

20 “(D) SCOPE OF SERVICES.—Provision (in
 21 a manner reflecting person-centered care) of at
 22 least the following required services described in
 23 clause (i), which may be furnished either di-
 24 rectly or, if not available directly, through for-
 25 mal relationships with other providers, and at

1 the discretion of the certified community behav-
2 ioral health clinic, at least 1 of the following ad-
3 ditional services described in clause (ii) fur-
4 nished directly by the clinic:

5 “(i) REQUIRED SERVICES.—

6 “(I) Crisis mental health serv-
7 ices, including 24-hour mobile crisis
8 teams, emergency crisis intervention
9 services, and crisis stabilization.

10 “(II) Screening, assessment, and
11 diagnosis, including risk assessment.

12 “(III) Patient-centered treatment
13 planning or similar processes, includ-
14 ing risk assessment and crisis plan-
15 ning.

16 “(IV) Outpatient mental health
17 and substance use services.

18 “(V) Outpatient clinic primary
19 care screening and monitoring of key
20 health indicators and health risk.

21 “(VI) Targeted case manage-
22 ment.

23 “(VII) Psychiatric rehabilitation
24 services.

1 “(VIII) Peer support and coun-
2 selor services and family supports.

3 “(IX) Intensive, community-
4 based mental health care for members
5 of the Armed Forces and veterans,
6 particularly those members and vet-
7 erans located in rural areas, provided
8 the care is consistent with minimum
9 clinical mental health guidelines pro-
10 mulgated by the Veterans Health Ad-
11 ministration including clinical guide-
12 lines contained in the Uniform Mental
13 Health Services Handbook of such
14 Administration.

15 “(ii) ADDITIONAL SERVICES.—The
16 additional services described in this clause
17 are—

18 “(I) services not described in
19 clause (i); and

20 “(II) services that are appro-
21 priate to meet the health needs of the
22 population served, including any of
23 the primary health services described
24 in section 330(b)(1)(A) of the Public
25 Health Service Act.”.

1 (2) ADDITIONAL AMENDMENTS.—Section 223
2 of the Protecting Access to Medicare Act of 2014
3 (42 U.S.C. 1396a note), is amended—

4 (A) in subsection (b)(1), by striking “men-
5 tal health services” and inserting “certified
6 community behavioral health clinic services”;

7 (B) in subsection (d)(5)(D)—

8 (i) by inserting “(including such
9 State’s prior use under such demonstration
10 of a supplemental payment or ‘wrap-
11 around’ framework for payments for serv-
12 ices furnished under contract with a man-
13 aged care entity)” after “established under
14 subsection (c)”; and

15 (ii) by striking the period at the end
16 and inserting the following: “, and notwith-
17 standing any Federal regulation con-
18 cerning prohibition of additional payments
19 for services covered under a contract with
20 a managed care entity, a prepaid inpatient
21 health plan, or a prepaid ambulatory
22 health plan.”; and

23 (C) in subsection (e)—

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

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

6 “(1) CERTIFIED COMMUNITY BEHAVIORAL
 7 HEALTH CLINIC SERVICES.—The term ‘certified
 8 community behavioral health clinic services’ means
 9 any services required under clause (i) of subsection
 10 (a)(2)(D) and any additional services described in
 11 clause (ii) of such subsection to the extent that a
 12 certified community behavioral health clinic elects to
 13 furnish such services.”.

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

17 **SEC. 104. EXPANDING CERTIFIED COMMUNITY BEHAV-**
 18 **IORAL HEALTH CLINIC SERVICES COVERED**
 19 **UNDER THE MEDICAID STATE PLAN.**

20 (a) ADDITIONAL SERVICES WITHIN CERTIFIED COM-
 21 MUNITY BEHAVIORAL HEALTH CLINIC BENEFIT.—Sec-
 22 tion 1905(jj)(1) of the Social Security Act (42 U.S.C.
 23 1396d(jj)(1)) is amended to read as follows:

24 “(1) IN GENERAL.—The term ‘certified commu-
 25 nity behavioral health services’ means the following

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

8 “(A) REQUIRED SERVICES.—

9 “(i) Crisis mental health services, in-
 10 cluding 24-hour mobile crisis teams, emer-
 11 gency crisis intervention services, and cri-
 12 sis stabilization.

13 “(ii) Screening, assessment, and diag-
 14 nosis, including risk assessment.

15 “(iii) Patient-centered treatment plan-
 16 ning or similar processes, including risk as-
 17 sessment and crisis planning.

18 “(iv) Outpatient mental health and
 19 substance use services.

20 “(v) Outpatient clinic primary care
 21 screening and monitoring of key health in-
 22 dicators and health risk.

23 “(vi) Targeted case management.

24 “(vii) Psychiatric rehabilitation serv-
 25 ices.

1 “(viii) Peer support and counselor
2 services and family supports.

3 “(ix) Intensive, community-based
4 mental health care for members of the
5 Armed Forces and veterans who are eligi-
6 ble for medical assistance, particularly
7 such members and veterans located in
8 rural areas, provided the care is consistent
9 with minimum clinical mental health guide-
10 lines promulgated by the Veterans Health
11 Administration, including clinical guide-
12 lines contained in the Uniform Mental
13 Health Services Handbook of such Admin-
14 istration.

15 “(B) ADDITIONAL SERVICES.—The addi-
16 tional services described in this subparagraph
17 are—

18 “(i) services not described in subpara-
19 graph (A); and

20 “(ii) services that are appropriate to
21 meet the health needs of the population
22 served, including any of the primary health
23 services described in section 330(b)(1)(A)
24 of the Public Health Service Act.”.

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 **TITLE II—COVERAGE OF CER-**
 5 **TIFIED COMMUNITY BEHAV-**
 6 **IORAL HEALTH CLINIC SERV-**
 7 **ICES UNDER THE MEDICARE**
 8 **PROGRAM**

9 **SEC. 201. COVERAGE OF CERTIFIED COMMUNITY BEHAV-**
 10 **IORAL HEALTH CLINIC SERVICES UNDER THE**
 11 **MEDICARE PROGRAM.**

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

14 (1) in subparagraph (JJ), by inserting “and”
 15 at the end; and

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

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

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

23 (1) in the heading, by striking “AND FEDER-

24 ALLY QUALIFIED HEALTH CENTER SERVICES” and

25 inserting “, FEDERALLY QUALIFIED HEALTH CEN-

1 TER SERVICES, AND CERTIFIED COMMUNITY BE-
 2 HAVIORAL HEALTH CLINIC SERVICES”; and

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

5 “(8) The terms ‘certified community behavioral
 6 health clinic services’ and ‘certified community behavioral
 7 health clinic’ have the meaning given those terms in para-
 8 graphs (1) and (2), respectively, of section 1905(jj).”.

9 **SEC. 202. PAYMENT FOR CERTIFIED COMMUNITY BEHAV-**
 10 **IORAL HEALTH CLINIC SERVICES UNDER THE**
 11 **MEDICARE PROGRAM.**

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

14 (1) by striking “and (HH)” and inserting
 15 “(HH)”; and

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

23 (b) DEVELOPMENT AND IMPLEMENTATION OF PRO-
 24 SPECTIVE PAYMENT SYSTEM.—Section 1834 of the Social

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

3 “(aa) DEVELOPMENT AND IMPLEMENTATION OF
 4 PROSPECTIVE PAYMENT SYSTEM FOR CERTIFIED COM-
 5 MUNITY BEHAVIORAL HEALTH CLINICS.—

6 “(1) DEVELOPMENT.—

7 “(A) IN GENERAL.—The Secretary shall
 8 develop a prospective payment system for pay-
 9 ment for community behavioral health clinic
 10 services (as defined in section 1861(aa)(8)) fur-
 11 nished by certified community behavioral health
 12 clinics (as defined in such section) under this
 13 title.

14 “(B) CONSIDERATIONS AND ADJUST-
 15 MENTS.—In developing the system described in
 16 subparagraph (A), the Secretary—

17 “(i) shall—

18 “(I) take into account the type,
 19 intensity, and duration of services fur-
 20 nished by certified community behav-
 21 ioral health clinics; and

22 “(II) consider an appropriate
 23 unit of service and a general system
 24 design that provides for continued ac-
 25 cess to quality services; and

1 “(ii) may include adjustments, includ-
2 ing geographic adjustments, as determined
3 appropriate by the Secretary.

4 “(2) IMPLEMENTATION.—

5 “(A) IN GENERAL.—For cost reporting pe-
6 riods beginning on or after January 1, 2027,
7 the Secretary shall provide for payments of pro-
8 spective payment rates for certified community
9 behavioral health clinic services furnished by
10 certified community behavioral health clinics
11 under this title in accordance with the prospec-
12 tive payment system developed by the Secretary
13 under paragraph (1).

14 “(B) INITIAL PAYMENTS.—

15 “(i) IN GENERAL.—Subject to clause
16 (ii), in the first year that such prospective
17 payment system is implemented, the Sec-
18 retary shall implement such system to re-
19 flect the national average allowable service
20 costs of certified community behavioral
21 health clinics on the basis of the most cur-
22 rent audited cost report data for the 2
23 most recent fiscal years available to the
24 Secretary. Initial payments shall be estab-
25 lished without the application of a per visit

1 limit or productivity screen and shall be
 2 based on national average costs per unit of
 3 service, updated as appropriate by the in-
 4 flationary adjustment described in sub-
 5 paragraph (C).

6 “(ii) ABSENCE OF DATA.—In the ab-
 7 sence of complete cost report data de-
 8 scribed in clause (i), certified community
 9 behavioral health clinics may, at the Sec-
 10 retary’s discretion, submit estimated or
 11 projected data relating to specific services.

12 “(C) PAYMENTS IN SUBSEQUENT YEARS.—
 13 Payment rates in years after the year of imple-
 14 mentation of such system shall be the payment
 15 rates in the previous year increased—

16 “(i) in the first year after implemen-
 17 tation of such system, by the percentage
 18 increase in the MEI (as defined in section
 19 1842(i)(3)); and

20 “(ii) in subsequent years—

21 “(I) by the percentage increase in
 22 a market basket of certified commu-
 23 nity behavioral health clinic services,
 24 designed by the Secretary; or

1 “(II) if such an index is not
 2 available, by the percentage increase
 3 in the Federally qualified health cen-
 4 ter market basket (as described in
 5 section 1834(o)(2)(B)(ii)(II)) for the
 6 year involved.

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

19 **SEC. 203. NON-APPLICATION OF MEDICARE PART B DE-**
 20 **DUCTIBLE FOR CERTIFIED COMMUNITY BE-**
 21 **HAVIORAL HEALTH CLINIC SERVICES.**

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

1 **SEC. 204. RIGHT TO SEEK PAYMENT REIMBURSEMENT RE-**
 2 **VIEW BOARD REVIEW OF COST REPORTS.**

3 Section 1878(j) of the Social Security Act (42 U.S.C.
 4 1395oo(j)) is amended by striking “and a Federally quali-
 5 fied health center” and inserting “, a Federally qualified
 6 health center, and a certified community behavioral health
 7 clinic”.

8 **SEC. 205. EXTENDING SAFE HARBOR UNDER ANTI-KICK-**
 9 **BACK STATUTE TO WAIVERS OF CERTIFIED**
 10 **COMMUNITY BEHAVIORAL HEALTH CLINIC**
 11 **COINSURANCE.**

12 Section 1128B(b)(3)(D) of the Social Security Act
 13 (42 U.S.C. 1320a–7b(b)(3)(D)) is amended by inserting
 14 “or a certified community behavioral health clinic” after
 15 “Federally qualified health care center”.

16 **SEC. 206. EFFECTIVE DATE.**

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

19 **TITLE III—COMMUNITY**
 20 **BEHAVIORAL HEALTH CLINICS**

21 **SEC. 301. COMMUNITY BEHAVIORAL HEALTH CLINICS.**

22 Part D of title III of the Public Health Service Act
 23 (42 U.S.C. 254b et seq.) is amended by adding at the end
 24 the following:

1 **“Subpart XIII—Community Behavioral Health**
 2 **Clinics**

3 **“SEC. 340J. DEFINITIONS.**

4 “In this subpart:

5 “(1) CERTIFIED COMMUNITY BEHAVIORAL
 6 HEALTH CLINIC.—The term ‘certified community be-
 7 havioral health clinic’ has the meaning given the
 8 term in section 1905(jj)(2) of the Social Security
 9 Act.

10 “(2) CERTIFIED COMMUNITY BEHAVIORAL
 11 HEALTH SERVICES.—The term ‘certified community
 12 behavioral health services’ has the meaning given the
 13 term in section 1905(jj)(1) of the Social Security
 14 Act.

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

17 “(a) IN GENERAL.—The Secretary shall establish a
 18 grant program under which the Secretary shall award
 19 grants to eligible community behavioral health clinics to
 20 provide (in a manner reflecting person-centered care) the
 21 full array of certified community behavioral health serv-
 22 ices.

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

25 “(1) a certified community behavioral health
 26 clinic; or

1 “(2) a community behavioral health clinic
2 that—

3 “(A) indicates in the grant application
4 that—

5 “(i) it will use the grant funds to
6 meet such criteria required to be a cer-
7 tified community behavioral health clinic;
8 and

9 “(ii) agrees to seek accreditation
10 under section 340J-4(a), as the Secretary
11 may require; and

12 “(B) demonstrates how it can ensure ac-
13 cess to care for all individuals in the community
14 through referral or other formal arrangements
15 with other providers of services, in the case of
16 an entity that specializes in services to children
17 or youth or to veterans.

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

20 “(1) shall use the grant funds—

21 “(A) to provide the services described in
22 subsection (a); and

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

1 attain certification and accreditation as de-
2 scribed in subsection (b)(2)(A); and

3 “(2) may use the grant funds—

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

5 “(i) reduce costs associated with the
6 provision of certified community behavioral
7 health services;

8 “(ii) improve access to, and avail-
9 ability of, certified community behavioral
10 health services provided to individuals
11 served by the community behavioral health
12 clinic;

13 “(iii) enhance the quality and coordi-
14 nation of certified community behavioral
15 health services; or

16 “(iv) improve the health status of
17 communities; and

18 “(B) to pay for—

19 “(i) the costs of acquiring and leasing
20 buildings and equipment (including the
21 costs of amortizing the principal of, and
22 paying interest on, loans);

23 “(ii) costs relating to the purchase or
24 lease of equipment, including data and in-
25 formation systems and behavioral health

1 information technology to facilitate data
2 reporting and other purposes;

3 “(iii) the costs of in-service staff
4 training and other operational or infra-
5 structure costs identified by the Secretary;
6 and

7 “(iv) costs associated with expanding
8 and modernizing existing buildings or con-
9 structing new buildings (including the
10 costs of amortizing the principal of, and
11 paying the interest on, loans), if such costs
12 are specifically allowed for in the grant op-
13 portunity published by the Secretary.

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

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

22 “(f) CONDITION ON RECEIPT OF FUNDS.—The Sec-
23 retary shall not make a grant to an applicant under sub-
24 section (a) unless the applicant provides assurances to the
25 Secretary that within 120 days of receiving grant funding

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

4 “(1) provide the services described in subsection
 5 (a); and

6 “(2) in the case of a community behavioral
 7 health clinic described in subsection (b)(2), attain
 8 certification and accreditation as described in sub-
 9 section (b)(2)(A).

10 “(g) AMOUNT OF GRANT.—

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

18 “(A) the costs of operating the clinic to
 19 meet the purposes and requirements of the
 20 grant program under this section during such
 21 fiscal year; and

22 “(B) the sum obtained by adding—

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

1 “(ii) the fees, premiums, and third-
 2 party reimbursements that the clinic rea-
 3 sonably expects to receive for its operations
 4 in such fiscal year.

5 “(2) REQUIREMENT.—In determining the costs
 6 described in paragraph (1)(A) with respect to a com-
 7 munity behavioral health clinic, the Secretary may
 8 estimate, based on an estimate of anticipated costs
 9 provided by the applicable community behavioral
 10 health clinic, the anticipated costs of such clinic in—

11 “(A) providing the services described in
 12 subsection (a), including the anticipated costs
 13 of providing any individual certified community
 14 behavioral health service that the applicant en-
 15 tity does not have experience providing at the
 16 time of submitting an application for such
 17 grant; and

18 “(B) if applicable, attain certification and
 19 accreditation as described in subsection
 20 (b)(2)(A).

21 “(3) PAYMENTS.—The Secretary may—

22 “(A) disperse funds awarded under sub-
 23 section (a)—

24 “(i) in advance or through reimburse-
 25 ment; and

1 “(ii) in installments;

2 “(B) make adjustments to such disburse-
3 ments to account for overpayments or under-
4 payments.

5 “(h) USE OF ACCREDITATION IN MONITORING
6 GRANT PROGRESS.—Regardless of whether the Secretary
7 elects to use accreditation under section 340J–4(a) as a
8 condition for award of an operating grant as described in
9 subsection (b)(2)(A)(ii), the Secretary may take such ac-
10 creditation into account in determining if an entity receiv-
11 ing a grant under this section is providing the services
12 described in subsection (a) and, if applicable, meeting the
13 criteria for certification described in subsection
14 (b)(2)(A)(i).

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—

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

19 “(2) MAINTENANCE OF FUNDING.—The
20 amount made available under paragraph (1) shall
21 supplement (and not supplant) any other Federal
22 funding made available for certified community be-
23 havioral health clinics.

24 “(j) STUDY OF CLINICS SERVING SPECIALIZED POP-
25 ULATIONS.—Not later than 1 year after the date of enact-

1 ment of this section, the Secretary shall publish guidance
 2 clarifying how clinics that focus on distinct populations,
 3 such as children or youth and veterans, may meet any rel-
 4 evant requirement to furnish appropriate treatment to in-
 5 dividuals across the lifespan. Such guidance shall not af-
 6 fect clinics' qualification to participate in the demonstra-
 7 tion program under section 223(a)(1) of the Protecting
 8 Access to Medicare Act of 2014 or to furnish the services
 9 described in section 1905(a)(31) of the Social Security
 10 Act.”.

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

12 “(a) IN GENERAL.—Not later than 180 days after
 13 the date of enactment of this section, the Secretary shall
 14 establish a program or programs through which the Sec-
 15 retary shall provide (directly or by grant or contract) tech-
 16 nical assistance and other assistance to any of the fol-
 17 lowing:

18 “(1) Entities that receive a grant under section
 19 340J-1.

20 “(2) Entities participating in a Medicaid dem-
 21 onstration program under section 223(d) of the Pro-
 22 tecting Access to Medicare Act.

23 “(3) Certified community behavioral health clin-
 24 ics furnishing services under title XVIII or title XIX
 25 of the Social Security Act.

1 “(4) Health or social service provider organiza-
2 tions pursuing or considering seeking status as a
3 certified community behavioral health clinic or
4 partnering with certified community behavioral
5 health clinics.

6 “(5) Other stakeholders, including demonstra-
7 tion planning grant recipients and State Medicaid or
8 behavioral health officials, for the purpose of facili-
9 tating successful implementation of the certified
10 community behavioral health clinic model.

11 “(b) INCLUSIONS.—Assistance provided by the Sec-
12 retary under subsection (a) may include technical and
13 nonfinancial assistance, including—

14 “(1) fiscal and program management assist-
15 ance;

16 “(2) operational and administrative support;
17 and

18 “(3) information about the variety of resources
19 available under this part and how such resources
20 best can be used to meet the health and behavioral
21 health needs of the communities served by the enti-
22 ties.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section
25 \$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 this part, the Secretary shall es-
 5 tablish a system under which the Secretary collects and
 6 analyzes data on community behavioral health clinics.

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

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

12 “(2) organizations that provide certified com-
 13 munity behavioral health services, or have applied to
 14 provide such services, under the Medicare program
 15 under title XVIII of the Social Security Act or the
 16 Medicaid program under 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 may be
 23 accredited as a certified community behavioral health clin-
 24 ic if the clinic—

25 “(1) meets the standards of an approved ac-
 26 creditation body; 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.—

6 “(1) IN GENERAL.—The Secretary may approve
7 a private nonprofit organization to be an accredita-
8 tion body for the accreditation of certified commu-
9 nity behavioral health clinics under subsection (a)
10 if—

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

16 “(B) the standards applied by the body in
17 determining whether or not to accredit a clinic
18 correspond to such criteria as are described in
19 section 340J–1(b)(2), pursuant to the deter-
20 mination of the Secretary, and are not less re-
21 strictive than such criteria;

22 “(C) there is adequate provision for assur-
23 ing that the standards of the accreditation body
24 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-

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

○