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(Original Signature of Member)

118TH CONGRESS
2D SESSION

H. R. _____

To amend the Social Security Act and the Public Health Service Act to permanently authorize certified community behavioral health clinics, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. MATSUI introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Social Security Act and the Public Health Service Act to permanently authorize certified community behavioral health clinics, 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—ENSURING PERMANENCY FOR CERTIFIED COMMUNITY
BEHAVIORAL HEALTH CLINICS IN THE MEDICAID PROGRAM

Sec. 101. Establishing a Medicaid Prospective Payment System for Certified
Community Behavioral Health Clinics.

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.

TITLE III—COMMUNITY BEHAVIORAL HEALTH CLINIC GRANTS

Sec. 301. Operating grants for community behavioral health clinics.

1 **TITLE I—ENSURING PERMA-**
2 **NENCY FOR CERTIFIED COM-**
3 **MUNITY BEHAVIORAL**
4 **HEALTH CLINICS IN THE**
5 **MEDICAID PROGRAM**

6 **SEC. 101. ESTABLISHING A MEDICAID PROSPECTIVE PAY-**
7 **MENT SYSTEM FOR CERTIFIED COMMUNITY**
8 **BEHAVIORAL HEALTH CLINICS.**

9 Section 1902 of the Social Security Act (42 U.S.C.
10 1396a) is amended by adding at the end the following new
11 subsection:

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

14 “(1) IN GENERAL.—Beginning with fiscal year
15 2024, with respect to services furnished on or after
16 January 1, 2024, and each succeeding fiscal year, a
17 State may provide under the State plan under this
18 title (or under a waiver of such plan) for payment
19 for services described in section 1905(a)(31) fur-

1 nished by a certified community behavioral health
2 clinic (in this subsection referred to as a ‘clinic’) in
3 accordance with the provisions of this subsection.

4 “(2) PAYMENT FOR SERVICES IN INITIAL YEAR
5 AND EVERY THIRD YEAR.—Subject to paragraphs
6 (4), (5), and (6), for services furnished by a clinic
7 in the first fiscal year for which a State elects to
8 provide for payment for services described in section
9 1905(a)(31) in accordance with the payment option
10 under paragraph (1), and every third fiscal year
11 thereafter in which the State makes such an elec-
12 tion, the State shall provide for payment for such
13 services in an amount (calculated on the basis of
14 daily visits or unduplicated monthly visits, at the
15 State’s election) that is equal to 100 percent of the
16 average costs of the clinic of furnishing any of the
17 services described in paragraph (31) of section
18 1905(a) during the 2 fiscal years preceding the fis-
19 cal year involved which are reasonable and related to
20 the costs of furnishing such services; provided that,
21 in the absence of complete actual cost data rep-
22 resenting the provision of the full covered benefit in
23 such preceding fiscal years, certified community be-
24 havioral health clinics may, at the State’s discretion,
25 use estimated or projected data relating to specific

1 services for which they lack cost experience. The
2 per-unit rate derived from such cost data shall be
3 adjusted to take into account any increase or de-
4 crease in the scope of such services furnished by the
5 clinic in the fiscal year involved.

6 “(3) PAYMENT FOR SERVICES IN SUCCEEDING
7 FISCAL YEARS.—Subject to paragraphs (4), (5), and
8 (6), for services described in section 1905(a)(31)
9 furnished by a clinic for which a State elects to pro-
10 vide for payment for such services in accordance
11 with the payment option under paragraph (1) and
12 that are furnished in a fiscal year that is not de-
13 scribed in paragraph (2), the State plan shall pro-
14 vide for payment for such services in an amount
15 (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 year—

20 “(A) increased by the percentage increase
21 in the inflationary factor described in section
22 1834(aa)(2)(C); 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 YEAR PAY-
4 MENT FOR NEW CLINICS.—In any case in which an
5 entity first qualifies as a certified community behav-
6 ioral health clinic after the first fiscal year in which
7 a State elects to provide for payment for services de-
8 scribed in section 1905(a)(31) in accordance with
9 the payment option under paragraph (1), the State
10 plan shall provide for payment for such services in
11 the first 2 years in which the clinic so qualifies in
12 an amount (calculated on the basis of daily visits or
13 unduplicated monthly visits, at the State’s election)
14 that is equal to the rates established under this sub-
15 section for other such clinics located in the same or
16 adjacent area with a similar case load, or in the ab-
17 sence of any such clinic, based on the average per-
18 unit rate for other certified community behavioral
19 health clinics in the State; provided, however, that
20 effective, at latest, as of the 3rd year in which the
21 clinic furnishes such services, the State establishes a
22 unique payment rate for the clinic based on the
23 methodology described in paragraph (2), using al-
24 lowable costs from the clinic’s first 2 fiscal years of
25 operation as the basis for establishing such rates;

1 and provided, additionally, that in any year following
2 the establishment of an initial rate under this para-
3 graph, the State plan or waiver provides for the pay-
4 ment amount to be calculated in accordance with
5 paragraph (2) or (3) (as applicable).

6 “(5) ADMINISTRATION IN THE CASE OF MAN-
7 AGED CARE.—

8 “(A) IN GENERAL.—In the case of services
9 furnished by a certified community behavioral
10 health clinic pursuant to a contract between the
11 clinic and a managed care entity (as defined in
12 section 1932(a)(1)(B)), the State plan or a
13 waiver of such plan shall provide for 1 of the
14 following:

15 “(i) Payment to the clinic by the
16 State of a supplemental payment equal to
17 the amount (if any) by which the amount
18 determined under paragraph (2), (3), or
19 (4) (as applicable) exceeds the amount of
20 payments under the contract, with such
21 supplemental payment being made pursu-
22 ant to a payment schedule agreed to by the
23 State and the certified community behav-
24 ioral health clinic, but in no case less fre-
25 quently than every 3 months.

1 “(ii) Delegation by the State to the
2 managed care entity of the obligation to
3 pay the clinic at least the rate determined
4 under paragraph (2), (3), or (4) (as appli-
5 cable); provided, however, that the State
6 shall use reconciliation and oversight proc-
7 esses to ensure that each clinic is paid at
8 least the amounts required under such
9 paragraphs.

10 “(6) ALTERNATIVE PAYMENT METHODOLO-
11 GIES.—Notwithstanding any other provision of this
12 subsection, the State plan or a waiver of such plan
13 may provide for payment in any year to a certified
14 community behavioral health clinic for services de-
15 scribed in paragraph (31) of section 1905(a) in an
16 amount which is determined under an alternative
17 payment methodology that —

18 “(A) is agreed to by the State and the clin-
19 ic; and

20 “(B) results in payment to the clinic of an
21 amount which is not less than the amount oth-
22 erwise required to be paid to the clinic under
23 this subsection.”.

1 **TITLE II—COVERAGE OF CER-**
2 **TIFIED COMMUNITY BEHAV-**
3 **IORAL HEALTH CLINIC SERV-**
4 **ICES UNDER THE MEDICARE**
5 **PROGRAM**

6 **SEC. 201. COVERAGE OF CERTIFIED COMMUNITY BEHAV-**
7 **IORAL HEALTH CLINIC SERVICES UNDER THE**
8 **MEDICARE PROGRAM.**

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

11 (1) in subparagraph (II), by striking “and” at
12 the end;

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

15 (3) by adding at the end the following new sub-
16 paragraph:

17 “(KK) certified community behavioral health
18 clinic services (as defined in subsection (aa)(8)) fur-
19 nished on or after January 1, 2024.”.

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

22 (1) in the heading, by striking “and Federally
23 Qualified Health Center Services” and inserting “,
24 Federally Qualified Health Center Services, and Cer-

1 tified Community Behavioral Health Clinic Serv-
2 ices”); 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 (c) PAYMENT.—

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

13 (A) by striking “and (HH)” and inserting
14 “(HH)”; and

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

22 (2) DEVELOPMENT AND IMPLEMENTATION OF
23 PROSPECTIVE PAYMENT SYSTEM.—Section 1834 of
24 the Social Security Act (42 U.S.C. 1395m) is

1 amended by adding at the end the following new
2 subsection:

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

6 “(1) DEVELOPMENT.—The Secretary shall de-
7 velop a prospective payment system for payment to
8 certified community behavioral health clinics (as de-
9 fined in section 1861(aa)(8)) for the furnishing of
10 certified community behavioral health clinic services
11 (as defined in such section) under this title. Such
12 system shall be established to take into account the
13 type, intensity, and duration of services furnished by
14 certified community behavioral health clinics. Such
15 system may include adjustments, including geo-
16 graphic adjustments, as determined appropriate by
17 the Secretary.

18 “(2) IMPLEMENTATION.—

19 “(A) IN GENERAL.—The Secretary shall
20 provide, for cost reporting periods beginning on
21 or after January 1, 2024, for payments of pro-
22 spective payment rates for certified community
23 behavioral health clinic services furnished by
24 certified community behavioral health clinics
25 under this title in accordance with the prospec-

1 tive payment system developed by the Secretary
2 under paragraph (1).

3 “(B) INITIAL PAYMENTS.—The Secretary
4 shall implement such prospective payment sys-
5 tem to reflect the national average allowable
6 service costs of such clinics on the basis of the
7 most current audited cost report data for two
8 fiscal years available to the Secretary; provided
9 that, in the absence of complete actual cost
10 data representing the provision of the full cov-
11 ered benefit during the relevant fiscal years,
12 certified community behavioral health clinics
13 may, at the Secretary’s discretion, use esti-
14 mated or projected data relating to specific
15 services. Initial payments shall be established
16 without the application of a per visit limit or
17 productivity screen and shall be based on na-
18 tional average costs per unit of service, updated
19 as appropriate by the inflationary adjustment
20 described in subparagraph (C).

21 “(C) PAYMENTS IN SUBSEQUENT YEARS.—
22 Payment rates in years after the year of imple-
23 mentation of such system shall be the payment
24 rates in the previous year increased—

1 “(i) in the first year after implemen-
2 tation of such system, by the percentage
3 increase in the MEI (as defined in section
4 1842(i)(3)) for the year involved; and

5 “(ii) in subsequent years, by the per-
6 centage increase in a market basket of cer-
7 tified community behavioral health clinic
8 services, designed by the Secretary, or if
9 such an index is not available, by the per-
10 centage increase in the MEI (as defined in
11 section 1842(i)(3)) for the year involved.

12 “(3) UNIT OF PAYMENT.—In establishing a
13 prospective payment amount under the system under
14 this subsection, the Secretary shall consider an ap-
15 propriate unit of service and a general system design
16 that provides for continued access to quality serv-
17 ices.

18 “(4) PERIODIC REEVALUATION OF RATES.—At
19 the Secretary’s discretion, the Secretary shall, from
20 time to time, adjust the amounts that would other-
21 wise be applicable under subparagraph (2) by a per-
22 centage determined appropriate by the Secretary to
23 reflect such factors as changes in the intensity of
24 services furnished within a unit of service, the aver-
25 age cost of providing care per unit of service, and

1 other factors that the Secretary considers to be rel-
2 evant. Such adjustment shall be made before the up-
3 date under clause (i) or (ii) of paragraph (2)(C)(i)
4 has been applied for the year.”.

5 (d) WAIVER OF APPLICATION OF DEDUCTIBLE.—
6 Section 1833(b)(4) of the Social Security Act (42 U.S.C.
7 1395l(b)(4)) is amended by inserting “or certified commu-
8 nity behavioral health clinic services” before the comma
9 at the end.

10 (e) PRRB REVIEW OF COST REPORTS.—Section
11 1878(j) of the Social Security Act (42 U.S.C. 1395oo(j))
12 is amended by striking “and a Federally qualified health
13 center” and inserting “, a Federally qualified health cen-
14 ter, and a certified community behavioral health clinic”.

15 (f) SAFE HARBOR FOR WAIVER OF COINSURANCE.—
16 Section 1128B(b)(3)(D) of the Social Security Act (42
17 U.S.C. 1320a–7b(b)(3)(D)) is amended by inserting “or
18 a certified community behavioral health clinic” after
19 “Federally qualified health care center”.

20 (g) EFFECTIVE DATE.—The amendments made by
21 this section shall apply with respect to services furnished
22 on or after January 1, 2024.

1 **TITLE III—COMMUNITY BEHAV-**
2 **IORAL HEALTH CLINIC**
3 **GRANTS**

4 **SEC. 301. OPERATING GRANTS FOR COMMUNITY BEHAV-**
5 **IORAL HEALTH CLINICS.**

6 Part D of title III of the Public Health Service Act
7 (42 U.S.C. 254b et seq.) is amended by adding at the end
8 the following:

9 **“Subpart XIII—Community Behavioral Health**
10 **Clinics**

11 **“SEC. 340J. DEFINITIONS.**

12 “In this subpart:

13 “(1) **CERTIFIED COMMUNITY BEHAVIORAL**
14 **HEALTH CLINIC.**—The term ‘certified community be-
15 havioral health clinic’ has the meaning given the
16 term in section 1905(jj)(2) of the Social Security
17 Act.

18 “(2) **CERTIFIED COMMUNITY BEHAVIORAL**
19 **HEALTH SERVICES.**—The term ‘certified community
20 behavioral health services’ has the meaning given the
21 term in section 1905(jj)(1) of the Social Security
22 Act.

1 **“SEC. 340J-1. COMMUNITY BEHAVIORAL HEALTH CLINIC**
2 **CERTIFICATION.**

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, after public notice and op-
6 portunity for comment, shall publish in the Federal Reg-
7 ister criteria for a clinic to be certified as a community
8 behavioral health clinic for purposes of section
9 1905(jj)(2)(D)(ii) of the Social Security Act.

10 “(b) REQUIREMENTS.—The criteria published under
11 subsection (a) shall include criteria with respect to the fol-
12 lowing:

13 “(1) STAFFING.—Staffing requirements, includ-
14 ing criteria that staff have diverse disciplinary back-
15 grounds, have necessary State-required license and
16 accreditation, and are culturally and linguistically
17 trained to serve the needs of the patient populations
18 of the community behavioral health clinic.

19 “(2) AVAILABILITY AND ACCESSIBILITY OF
20 SERVICES.—Availability and accessibility of services,
21 including crisis management services that are avail-
22 able and accessible 24 hours a day, the use of a slid-
23 ing scale for payment, and no rejection for services
24 or limiting of services on the basis of a patient’s
25 ability to pay or a place of residence.

1 “(3) CARE COORDINATION.—Care coordination,
2 including requirements to coordinate care across set-
3 tings and providers to ensure seamless transitions
4 for patients across the full spectrum of health serv-
5 ices including acute, chronic, and behavioral health
6 needs. Care coordination requirements shall include
7 partnerships or formal contracts with the following:

8 “(A) Federally-qualified health centers (as
9 defined in section 1905(l) of the Social Security
10 Act) and, as applicable, rural health clinics (as
11 so defined), to provide Federally-qualified
12 health center services (as so defined) and, as
13 applicable, rural health clinic services (as so de-
14 fined), to the extent such services are not pro-
15 vided directly through the community behav-
16 ioral health clinic.

17 “(B) Inpatient psychiatric facilities and
18 substance use detoxification, post-detoxification
19 step-down services, and residential programs.

20 “(C) Other community or regional services,
21 supports, and providers, including schools, child
22 welfare agencies, juvenile and criminal justice
23 agencies and facilities, Indian Health Service
24 youth regional treatment centers, State-licensed
25 and nationally accredited child placing agencies

1 for therapeutic foster care service, and other so-
2 cial and human services.

3 “(D) Medical centers, outpatient clinics,
4 and drop-in centers of the Department of Vet-
5 erans Affairs and other facilities of the Depart-
6 ment (as defined in section 1701 of title 38,
7 United States Code).

8 “(E) Inpatient acute care hospitals and
9 hospital outpatient clinics.

10 “(4) SCOPE OF SERVICES.—Provision (in a
11 manner reflecting person-centered care) of the full
12 array of certified community behavioral health serv-
13 ices which, if not available directly through the com-
14 munity behavioral health clinic, are provided or re-
15 ferred through formal relationships with other pro-
16 viders.

17 “(5) QUALITY AND OTHER REPORTING.—Re-
18 quirements relating to development by the commu-
19 nity behavioral health clinic of an effective procedure
20 for compiling and reporting to the Secretary such
21 statistics and other information as the Secretary
22 may require relating to—

23 “(A) the costs of its operations;

24 “(B) the patterns of use of its services, in-
25 cluding the reporting of encounter data, clinical

1 outcomes data, quality data, and such other
2 data as the Secretary may require;

3 “(C) the availability, accessibility, and ac-
4 ceptability of its services; and

5 “(D) such other matters relating to oper-
6 ations of the applicant as the Secretary may re-
7 quire.

8 “(6) ORGANIZATIONAL AUTHORITY.—Require-
9 ments that a community behavioral health clinic
10 be—

11 “(A) a nonprofit entity;

12 “(B) part of a local government behavioral
13 health authority;

14 “(C) operated under the authority of the
15 Indian Health Service;

16 “(D) operated by an Indian Tribe or Trib-
17 al organization pursuant to a contract, grant,
18 cooperative agreement, or compact with the In-
19 dian Health Service pursuant to the Indian
20 Self-Determination and Education Assistance
21 Act; or

22 “(E) operated by an urban Indian organi-
23 zation pursuant to a grant or contract with the
24 Indian Health Service under title V of the In-
25 dian Health Care Improvement Act.

1 **“SEC. 340J-2. OPERATING GRANTS FOR COMMUNITY BE-**
2 **HAVORAL HEALTH CLINICS.**

3 “(a) IN GENERAL.—The Secretary shall establish a
4 grant program under which the Secretary shall award
5 grants to eligible community behavioral health clinics to
6 provide (in a manner reflecting person-centered care) the
7 full array of certified community behavioral health serv-
8 ices.

9 “(b) ELIGIBILITY.—To be eligible to receive a grant
10 under subsection (a), a community behavioral health clinic
11 shall be—

12 “(1) a certified community behavioral health
13 clinic; or

14 “(2) a community behavioral health clinic that
15 indicates in the grant application that the clinic will
16 use the grant funds to meet the criteria described in
17 section 340J-1(a).

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
25 meet the criteria described in section 340J-
26 1(a); and

1 “(2) may use the grant funds—

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

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

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

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

14 “(iv) improve the health status of
15 communities; and

16 “(B) to pay for—

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

21 “(ii) costs relating to the purchase or
22 lease of equipment, including data and in-
23 formation systems and behavioral health
24 information technology to facilitate data
25 reporting and other purposes;

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

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

12 “(d) TERM.—Grants awarded under subsection (a)
13 shall be for a period of not more than 5 years.

14 “(e) CONDITION ON RECEIPT OF FUNDS.—The Sec-
15 retary shall not make a grant to an applicant under sub-
16 section (a) unless the applicant provides assurances to the
17 Secretary that within 120 days of receiving grant funding
18 for the operation of the clinic, the applicant will submit
19 for approval by the Secretary an implementation plan that
20 describes how the applicant will—

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

23 “(2) in the case of a community behavioral
24 health clinic described in subsection (b)(2), meet the
25 criteria described in section 340J–1(a).

1 “(f) AMOUNT OF GRANT.—

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

9 “(A) the sum obtained by adding—

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

13 “(ii) the fees, premiums, and third-
14 party reimbursements that the clinic rea-
15 sonably expects to receive for its operations
16 in such fiscal year; from

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

21 “(2) REQUIREMENT.—

22 “(A) IN GENERAL.—In determining the
23 costs described in paragraph (1)(B), the Sec-
24 retary may estimate the anticipated costs of the
25 grant recipient in—

1 “(i) providing the services described in
2 subsection (a), including the anticipated
3 costs of providing any individual certified
4 community behavioral health service that
5 the applicant entity does not have cost ex-
6 perience providing at the time of submit-
7 ting an application for such grant; and

8 “(ii) if applicable, meeting the criteria
9 described in section 340J-1(a).

10 “(B) ANTICIPATED COSTS.—The Secretary
11 shall base the estimate of anticipated costs
12 under subparagraph (A) on an estimate of an-
13 ticipated costs provided by the applicable com-
14 munity behavioral health clinic.

15 “(3) PAYMENTS.—The Secretary may—

16 “(A) award grants under subsection (a)—

17 “(i) in advance or through reimburse-
18 ment; and

19 “(ii) in installments;

20 “(B) make adjustments to account for
21 overpayments or underpayments.

22 “(g) USE OF ACCREDITATION.—

23 “(1) IN GENERAL.—In selecting grant recipi-
24 ents under this section, the Secretary may take into

1 account whether an applicant community behavioral
2 health clinic is accredited under section 340J–5(a).

3 “(2) COMPLIANCE.—In determining whether a
4 community behavioral health clinic receiving a grant
5 under this section is providing the services described
6 in subsection (a) and, if applicable, meeting the cri-
7 teria described in section 340J–1(a), the Secretary
8 may take into account whether the community be-
9 havioral health clinic is accredited under section
10 340J–5(a).

11 “(h) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—There is authorized to be
13 appropriated to carry out this section, \$552,500,000
14 for each of fiscal years 2024 through 2028.

15 “(2) MAINTENANCE OF FUNDING.—The
16 amount made available under paragraph (1) shall
17 supplement (and not supplant) any other Federal
18 funding made available for community behavioral
19 health clinics.

20 **“SEC. 340J–3. TECHNICAL ASSISTANCE.**

21 “(a) IN GENERAL.—Not later than 180 days after
22 the date of enactment of the Ensuring Excellence in Men-
23 tal Health Act, the Secretary shall establish programs
24 through which the Secretary shall provide (either through
25 the Department of Health and Human Services or by

1 grant or contract) technical assistance and other assist-
2 ance to any of the following:

3 “(1) Entities that receive a grant under section
4 340J–2.

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

8 “(3) Certified community behavioral health clin-
9 ics (as defined in sections 1861(aa)(8) and
10 1905(jj)(2) of the Social Security Act), furnishing
11 services under title XVIII or title XIX of such Act.

12 “(4) Health or social service provider organiza-
13 tions pursuing or considering certified community
14 behavioral health clinic status or partnering with
15 certified community behavioral health clinics.

16 “(5) Other stakeholders, for the purpose of fa-
17 cilitating successful implementation of the certified
18 community behavioral health clinic model.

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

22 “(1) fiscal and program management assist-
23 ance;

24 “(2) operational and administrative support;
25 and

1 “(3) the provision of information to the entities
2 about the variety of resources available under this
3 part and how those resources can be best used to
4 meet the health and behavioral health needs of the
5 communities served by the entities.

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section
8 \$6,000,000 for each of fiscal years 2024 through 2028.

9 **“SEC. 340J-4. DATA INFRASTRUCTURE FOR COMMUNITY**
10 **BEHAVIORAL HEALTH CLINIC REPORTING.**

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

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

19 “(1) entities that receive a grant under section
20 340J-2; and

21 “(2) organizations that provide services, or have
22 applied to provide services, under title XVIII of the
23 Social Security Act, as described in section
24 1861(aa)(8) of such Act, or under a State Medicaid

1 program in accordance with section 1905(jj) of such
2 Act.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 \$51,000,000 for each of fiscal years 2024 through 2028.

6 **“SEC. 340J-5. COMMUNITY BEHAVIORAL HEALTH CLINIC**
7 **ACCREDITATION.**

8 “(a) ACCREDITATION STANDARDS.—A community
9 behavioral health clinic may be accredited if the entity—

10 “(1) meets the standards of an approved ac-
11 creditation body; and

12 “(2) authorizes the accreditation body to sub-
13 mit to the Secretary (or such agency as the Sec-
14 retary may designate) such records or other infor-
15 mation as the Secretary may require.

16 “(b) APPROVAL OF ACCREDITATION BODIES.—

17 “(1) IN GENERAL.—The Secretary may approve
18 a private nonprofit organization to be an accredita-
19 tion body for the accreditation of community behav-
20 ioral health clinics under subsection (a) if—

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

1 “(B) the standards applied by the body in
2 determining whether or not to accredit a clinic
3 correspond to the criteria described in section
4 340J-1(a), and are not less restrictive than
5 such criteria;

6 “(C) there is adequate provision for assur-
7 ing that the standards of the accreditation body
8 continue to be met by the clinic;

9 “(D) in the case of any clinic previously
10 accredited by the body which has had its ac-
11 creditation denied, suspended, withdrawn, or re-
12 voked or which has had any other action taken
13 against it by the accrediting body, the accred-
14 iting body agrees to submit to the Secretary the
15 name of such clinic within 30 days of the action
16 taken; and

17 “(E) if the accreditation body has its ap-
18 proval withdrawn by the Secretary, the body
19 agrees to notify each clinic accredited by the
20 body of the withdrawal within 10 days of the
21 withdrawal.”.