

118TH CONGRESS  
2D SESSION

# H. R. 7301

To amend the Protecting Access to Medicare Act of 2014 to clarify the meaning of psychiatric rehabilitation services under demonstration programs to improve community mental health services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2024

Mr. TORRES of New York (for himself and Mr. THANEDAR) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Protecting Access to Medicare Act of 2014 to clarify the meaning of psychiatric rehabilitation services under demonstration programs to improve community mental health services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Certified Community  
5 Behavioral Health Clinic Expansion Act of 2024”.

1 **SEC. 2. CLARIFYING PSYCHIATRIC REHABILITATION SERV-**  
2 **ICES UNDER DEMONSTRATION PROGRAMS**  
3 **TO IMPROVE COMMUNITY MENTAL HEALTH**  
4 **SERVICES.**

5 (a) **PSYCHOSOCIAL REHABILITATION SERVICES.**—

6 (1) **CARE COORDINATION.**—Section  
7 223(a)(2)(C) of the Protecting Access to Medicare  
8 Act of 2014 (42 U.S.C. 1396a note) is amended—

9 (A) in the matter preceding clause (i), by  
10 inserting “psychosocial,” after “chronic,”;

11 (B) by redesignating clauses (iv) and (v)  
12 as clauses (v) and (vi), respectively;

13 (C) by inserting after clause (iii) the fol-  
14 lowing:

15 “(iv) Clubhouses located within the  
16 same metropolitan statistical area as the  
17 certified community behavioral health clin-  
18 ic, if any such clubhouses exist.”; and

19 (D) by adding at the end the following:

20 “(vii) Housing and residential pro-  
21 grams.”.

22 (2) **SCOPE OF SERVICES FOR CERTIFICATION.**—

23 Section 223(a)(2)(D) of the Protecting Access to  
24 Medicare Act of 2014 (42 U.S.C. 1396a note) is  
25 amended—

1 (A) by amending clause (iii) to read as fol-  
2 lows:

3 “(iii) Patient-centered treatment plan-  
4 ning or similar processes, including—

5 “(I) risk assessment and crisis  
6 planning;

7 “(II) programs that are respect-  
8 ful of the person’s autonomy to choose  
9 the services they prefer and are pro-  
10 vided equitably; and

11 “(III) equity-based and non-  
12 compulsory programmatic practices in  
13 which persons are invited to support  
14 each other and participate in decision-  
15 making around community activities  
16 and services.”;

17 (B) by redesignating clause (viii) as clause  
18 (ix); and

19 (C) by striking clause (vii) and inserting  
20 the following:

21 “(vii) Supporting self-management,  
22 including in—

23 “(I) managing the person’s fi-  
24 nances, medications, and self-care;  
25 and

1 “(II) using community resources.

2 “(viii) Psychiatric rehabilitation serv-  
3 ices, and psychosocial rehabilitation serv-  
4 ices, that—

5 “(I) restore, rehabilitate, and  
6 support daily functioning, skills devel-  
7 opment, self-esteem, and agency to  
8 improve self-management of the nega-  
9 tive effects of psychiatric and emo-  
10 tional symptoms; and

11 “(II) include formalized activi-  
12 ties, peer supports, and counselor  
13 services, and family supports to help  
14 individuals develop resilience to  
15 changes in psychiatric symptoms and  
16 stressors of all kinds to prevent crisis  
17 and promote functioning and sta-  
18 bility.”.

19 (3) QUALITY AND OTHER REPORTING.—Sub-  
20 paragraph (E) of section 223(a)(2) of the Protecting  
21 Access to Medicare Act of 2014 (42 U.S.C. 1396a  
22 note) is amended to read as follows:

23 “(E) QUALITY AND OTHER REPORTING.—  
24 Reporting of—

25 “(i) encounter data;

1 “(ii) clinical outcomes data;  
2 “(iii) quality data;  
3 “(iv) patient-reported outcome meas-  
4 ures that assess people’s loneliness, quality  
5 of life, thriving, and other outcomes of re-  
6 covery; and  
7 “(v) such other data as the Secretary  
8 requires.”.

9 (b) DEFINITIONS.—Section 223(e) of the Protecting  
10 Access to Medicare Act of 2014 (42 U.S.C. 1396a note)  
11 is amended—

12 (1) by redesignating paragraphs (1), (2), (3),  
13 and (4) as paragraphs (2), (3), (4), and (5), respec-  
14 tively;

15 (2) by inserting before paragraph (2) (as so re-  
16 designated) the following:

17 “(1) CLUBHOUSE.—The term ‘clubhouse’  
18 means a therapeutic social environment that—

19 “(A) is accredited, or is in the process of  
20 becoming accredited, by a recognized body or  
21 bodies approved by the Secretary for purposes  
22 of this paragraph;

23 “(B) addresses psychosocial deficits and  
24 social drivers of health;

1           “(C) uses a therapeutic approach that em-  
2           phasizes purposeful work, engagement, relation-  
3           ship development, and mutual support for peo-  
4           ple with serious mental illness;

5           “(D) uses blended leadership of profes-  
6           sional mental health staff and individuals with  
7           lived experience to create and manage the  
8           therapeutic community and its services in a  
9           nonclinical setting;

10          “(E) offers members a community-based  
11          rehabilitative environment that both addresses  
12          often-unmet psychosocial needs of people living  
13          with serious mental illness and provides struc-  
14          tures that offer support in natural, community  
15          environments;

16          “(F) offers support services for employ-  
17          ment, education, health care, housing, and more  
18          to broadly address health-related social care  
19          needs;

20          “(G) is an essential part of the continuum  
21          of care and works in tandem with other medical  
22          and behavioral health services;

23          “(H) relies on the restorative power of  
24          work and work-mediated relationships to build

1 a firm foundation for growth and individual  
2 achievement for members;

3 “(I) emphasizes strengths-based teamwork  
4 and opportunities to contribute to operations  
5 through a work-ordered day; and

6 “(J) offers naturalistic social and commu-  
7 nity-based recreational opportunities to con-  
8 tribute to a member’s path and success in re-  
9 covery.”.

10 (c) IMPLEMENTATION TIMELINE.—Not later than 1  
11 year after the date of enactment of this Act, the Secretary  
12 of Health and Human Services shall publish revised cri-  
13 teria under subsection (a) of section 223 of the Protecting  
14 Access to Medicare Act of 2014 (42 U.S.C. 1396a note)  
15 for a clinic to be certified by a State as a certified commu-  
16 nity behavioral health clinic for purposes of participating  
17 in a demonstration program conducted under subsection  
18 (d) of such section.

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