

118TH CONGRESS  
2D SESSION

# H. R. 8543

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2024

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

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## 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

1 for services described in section 1905(a)(31) fur-  
2 nished by a certified community behavioral health  
3 clinic (in this subsection referred to as a ‘clinic’) in  
4 accordance with the provisions of this subsection.

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

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

7 “(3) PAYMENT FOR SERVICES IN SUCCEEDING  
8 FISCAL YEARS.—Subject to paragraphs (4), (5), and  
9 (6), for services described in section 1905(a)(31)  
10 furnished by a clinic for which a State elects to pro-  
11 vide for payment for such services in accordance  
12 with the payment option under paragraph (1) and  
13 that are furnished in a fiscal year that is not de-  
14 scribed in paragraph (2), the State plan shall pro-  
15 vide for payment for such services in an amount  
16 (calculated on the basis of daily visits or  
17 unduplicated monthly visits, at the State’s election)  
18 that is equal to the amount calculated under this  
19 subsection for such services and clinic for the pre-  
20 ceding year—

21 “(A) increased by the percentage increase  
22 in the inflationary factor described in section  
23 1834(aa)(2)(C); and

24 “(B) adjusted to take into account any in-  
25 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.”.

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