

117TH CONGRESS
2D SESSION

H. R. 9499

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.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2022

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

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 2022”.

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

5 (a) DEFINITION.—Section 223(e) of the Protecting
6 Access to Medicare Act of 2014 (42 U.S.C. 1396a note)
7 is amended—

8 (1) by redesignating paragraphs (3) and (4) as
9 paragraphs (5) and (6), respectively; and

10 (2) by inserting after paragraph (2) the fol-
11 lowing:

12 “(3) PSYCHIATRIC REHABILITATION SERV-
13 ICES.—The term ‘psychiatric rehabilitation services’
14 includes community-based services and programs
15 that promote community integration and address so-
16 cial needs.”.

17 (b) PSYCHOSOCIAL REHABILITATION SERVICES.—

18 (1) SCOPE OF SERVICES FOR CERTIFICATION.—
19 Section 223(a)(2)(D) of the Protecting Access to
20 Medicare Act of 2014 (42 U.S.C. 1396a note) is
21 amended—

22 (A) by redesignating clauses (viii) and (ix)
23 as clauses (ix) and (x), respectively; and

24 (B) by inserting after clause (vii) the fol-
25 lowing:

1 “(viii) Psychosocial rehabilitation
2 services.”.

3 (2) DEFINITION.—Section 223(e) of the Pro-
4 tecting Access to Medicare Act of 2014 (42 U.S.C.
5 1396a note) is amended by inserting after para-
6 graph (3), as inserted by subsection (a), the fol-
7 lowing:

8 “(4) PSYCHOSOCIAL REHABILITATION SERV-
9 ICES.—The term ‘psychosocial rehabilitation serv-
10 ices’ includes each of the following elements, tailored
11 to the needs of the individual:

12 “(A) Intensive, structured, goal-oriented
13 community engagement that enables recovery
14 through the creation of social opportunities,
15 promotion of resiliency and interpersonal
16 growth, and access to psychosocial supports,
17 such as employment, housing, skills develop-
18 ment, wellness initiatives, and clinical services.

19 “(B) Focus on restoration and promotion
20 of social skills, problem-solving abilities, and
21 connection that promote effective functioning in
22 the individual’s social environment, including
23 home, work, and school.

24 “(C) Programmatic practices that—

1 “(i) are respectful of the individual’s
2 autonomy and value peer relationships and
3 supports;

4 “(ii) are provided fairly and without
5 preferential treatment to any groups eligi-
6 ble for services; and

7 “(iii) include equity-based and non-
8 compulsory programmatic practices in
9 which individuals are invited to support
10 each other in peer relationships and par-
11 ticipate in decisionmaking around commu-
12 nity activities.

13 “(D) Restoration, rehabilitation, and sup-
14 port of daily functioning to improve self-man-
15 agement of the negative effects of psychiatric or
16 emotional symptoms, and to provide support in
17 managing their money, medications, self-care,
18 and using community resources.

19 “(E) Formalized activities to help individ-
20 uals develop resilience to changes in psychiatric
21 symptoms and stressors of all kinds to prevent
22 crisis and promote functioning and stability.

23 “(F) Standardized measures of loneliness
24 and social isolation developed by the Adminis-

1 trator of the Centers for Medicare & Medicaid
2 Services.

3 “(G) Other rehabilitation and support
4 through ongoing engagement, including both in-
5 formal supports such as friends, family, or
6 peers, and formal supports such as peer sup-
7 port professionals, other mental health profes-
8 sionals, and paraprofessionals that restore
9 skills, self-esteem, confidence, and agency to
10 function in natural community environments.”.

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

○