Division H - Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act

T VI - M P

- **Medicare Provisions.**
    - **Sec. 4113. Advancing Telehealth Beyond COVID-19.** The bill extends Medicare telehealth flexibilities through the end of 2024 independent of the conclusion of the COVID-19 public health emergency (PHE). The bill also delays the in-person requirements under Medicare for mental health services furnished through telehealth or other telecommunications technology from the 152nd day after t0 -1.182 n1.182 b9.2 (VID-19(PH to January 1,f 205y or)38 (,if elator)38 (, n1.(rst(day after t0)

- **Sec. 4121. Coverage of Marriage and Family Therapist Services and Mental Health Counselor Services Under Part B of the Medicare Program.** The bill would add services furnished by Mental Health Counselors (MHCs) and Marriage and Family Therapists (MFTs) to Medicare's mental health services provisions under Part B. Covered services include the diagnosis and treatment of mental illnesses as authorized by the State in which the practitioner furnishes the services, as would otherwise be covered by Medicare if the services were provided by a psychiatrist or incident to a psychiatrist's professional service, which is consistent with the requirements applicable to clinical social workers' mental health services under the Part B statute. To be eligible to participate in the Medicare program, MFTs and MHCs have a master's or doctor's degree qualifying them for licensure or certification as, respectively, a marriage and family therapist, or mental health counselor, clinical professional counselor, or professional counselor under the laws of the State in which they practice and be so licensed or certified. Eligible practitioners must also have performed at least 2 years of supervised, clinical post-graduate work and meet any other requirements set by the Secretary of Health and Human Services. The bill would set Medicare reimbursement for MHCs and MFTs at 80% of the lesser of the practitioner's actual charge or 75% of the annual Medicare Physician Fee Schedule (MPFS) rate for a psychologist. As with other providers participating in the Part B program, MHCs and MFTs would have to agree to submit claims directly to Medicare on the beneficiary's behalf, accept the Medicare-approved amount

National Institutes of Health (NIH)

- **National Institute of Mental Health.**
    - The legislation appropriates $2.11 billion for carrying out sections of the *Public Health Service* PHS Act with respect to mental health.
- **Substance Abuse and Mental Health Services Administration.**
    - The legislation appropriates $2.69 billion for carrying out titles of the PHS Act with respect to mental health, the Protection and Advocacy for Individuals with Mental Illness Act, and the SUPPORT for Patients and Communities Act.
    - The bill appropriates $385 million through September 30, 2025 for grants to communities and community organizations who meet criteria for Certified Community Behavioral Health Clinics.

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Subtitle A – Mental Health and Crisis Care Needs

Chapter 1 - Crisis Care Services and 9-8-8 Implementation

- **Sec. 1101. Behavioral Health Crisis Coordinating O ce.** The bill establishes the Behavioral Health Crisis Coordinating O ce within SAMHSA to convene partners and provide technical assistance to enhance access to crisis care. For fiscal years FY 2023 through FY 2027, the bill authorizes the o ce at $5 million annually.
- **Sec. 1102. Crisis Response Continuum of Care.** The bill requires the HHS Secretary to identify and publish best practices for a crisis response continuum of care for use by health care providers, crisis service administrators, and crisis service providers.

Chapter 3 - Reaching Improved Mental Health Outcomes for Patients

- **Sec. 1121. Innovation for Mental Health.** The bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the National Mental Health and Substance Use Policy Laboratory at $10 million annually; (2) the Interdepartmental Serious Mental Illness Coordinating Committee; and (3) the Mental Health Needs Priority Regions of National Significance (PRNS) at $599.036 million annually.
- **Sec. 1122. Crisis Care Coordination.** The bill establishes the Mental Health Crisis Response Partnership Pilot Program and authorizes the program at $10 million annually for FY 2023 through FY 2027. Additionally, the bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the Mental Health Awareness Training (MHAT) Grants at $24.963 million annually; and (2) Adult Suicide Prevention at $30 million annually.

- **Sec. 1123. Treatment of Serious Mental Illness.** The bill reauthorizes the following programs for

- **Sec. 1403. Co-Occurring Chronic Conditions and Mental Health in Youth Study.** The bill requires the HHS Secretary to study the rates of suicidal behaviors among children and adolescents with chronic illnesses, including substance use disorders, autoimmune disorders, and heritable blood disorders and submit a report to Congress on the results of such study.

- **Sec. 1404. Best Practices for Behavioral and Mental Health Intervention Teams.** The bill requires the HHS Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Secretary of Education, to develop and submit a report to Congress that identifies best practices related to using behavioral and mental health intervention teams in educational settings.

Chapter 2 - Continuing Systems of Care for Children

- **Sec. 1411. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances.** The bill reauthorizes the Comprehensive Community Mental Health

Chapter 2 -- State and Local Readiness

- **Sec. 2112. Supporting access to mental health and substance use disorder services during public health emergencies.** The legislation directs SAMHSA to support continued access to **A toHHS menissuura tc health emergen T to ordeob[A ivTh,nordeassociTt dSpr)gr 0 sordechalic h(-t**

Chapter 3 -- Revitalizing the Public Health Workforce

- **Sec. 2223. Improving public health emergency response capacity.** The bill has language that is meant to improve HHS's ability to quickly mount an initial response to a public health emergency by allowing the HHS Secretary to directly appoint up to 500 individuals to preparedness and response positions within HHS. It also requires an annual report to Congress and a GAO study on the use of this authority.

Chapter 4 -- Enhancing Public Health Preparedness and Response

- **Sec. 2231. Centers for public health preparedness and response.** The legislation includes provisions that reauthorize a network of Centers for Public Health Preparedness and Response to: (1) translate research findings or strategies into evidence-based practices to inform preparedness and response to public health emergencies; (2) improve awareness of these practices and other relevant scientific or public health information among health care and public health professionals and the public; (3) expand activities, such as through partnerships, to improve public health preparedness and response; and (4) provide technical assistance and expertise to health departments, as appropriate.

T VI - M P

- **Expiring Medicare Provisions.**
  - **Sec. 4123. Improving Mobile Crisis Care in Medicare.** The bill provides for payment for psychotherapy for crisis services furnished by a mobile unit beginning January 1, 2024 in the amount of 150% of the payment amount for non-facility sites.
  - **Sec. 4124. Ensuring Adequate Coverage of Outpatient Mental Health Services Under the Medicare Program.** The bill modifies the definition of partial hospitalization services to include coverage of intensive outpatient services beginning January 1, 2024.
  - **Sec. 4130. GAO Study and Report Comparing Coverage of Mental Health and Substance Use Disorder Benefits and Non-Mental Health and Substance Use Disorder Benefits.** The bill requires the Comptroller General to conduct a study comparing the mental health and substance use disorder benefits o□ered by Medicare Advantage (MA) plans with benefits (other than mental health and substance use disorder benefits) o□ered by MA plans and the mental health and substance use disorder benefits under the original Medicare fee-for-service program under parts A and B.
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