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118TH CONGRESS
1ST SESSION

H. R. 5819

To amend title XVIII of the Social Security Act to provide incentives for behavioral health integration under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 28, 2023

Mrs. STEEL (for herself, Mr. KILDEE, Mrs. FLETCHER, Mr. BILIRAKIS, Mr. PFLUGER, Ms. LEE of Nevada, and Mr. MOLINARO) 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 title XVIII of the Social Security Act to provide incentives for behavioral health integration under the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Connecting Our Medical Providers with Links to Expand Tailored and Effective Care Act'' or the ''COMPLETE Care Act''.

SEC. 2. INCENTIVES FOR BEHAVIORAL HEALTH INTEGRATION.

(a) INCENTIVES.—

(1) IN GENERAL.—Section 1848(b) of the Social Security Act (42 U.S.C. 1395w–4(b)) is amended by adding at the end the following new paragraph:

''(13) INCENTIVES FOR BEHAVIORAL HEALTH INTEGRATION.—

''(A) IN GENERAL.—For services described in subparagraph (B) that are furnished during 2025, 2026, or 2027, instead of the payment amount that would otherwise be determined under this section for such year, the payment amount shall be equal to the applicable percent (as defined in subparagraph (C)) of such payment amount for such year.

''(B) SERVICES DESCRIBED.—The services described in this subparagraph are services identified, as of January 1, 2023, by HCPCS codes 99484, 99492, 99493, 99494, and G2214 (and any successor or similar codes as determined appropriate by the Secretary).

''(C) APPLICABLE PERCENT.—In this paragraph, the term 'applicable percent' means,

with respect to a service described in subparagraph (A), the following:

"(i) For services furnished during 2025, 175 percent.

"(ii) For services furnished during 2026, 150 percent.

"(iii) For services furnished during 2027, 125 percent.".

(2) WAIVER OF BUDGET NEUTRALITY.—Section 1848(c)(2)(B)(iv) of such Act (42 U.S.C. 1395w–4(c)(2)(B)(iv)) is amended—

(A) in subclause (V), by striking "and" at the end;

(B) in subclause (VI), by striking the period at the end and inserting "; and"; and

(C) by adding at the end the following new subclause:

"(VII) the increase in payment amounts as a result of the application of subsection (b)(13) shall not be taken into account in applying clause (ii)(II) for 2025, 2026, or 2027.".

(b) QUALITY MEASUREMENT.—

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

(A) by redesignating paragraph (4) as paragraph (5); and

(B) by inserting after paragraph (3) the following new paragraph:

''(4) QUALITY MEASUREMENT RELATING TO BEHAVIORAL HEALTH INTEGRATION.—

''(A) IN GENERAL.—The Secretary shall establish quality measurement reporting requirements for applicable physicians and practitioners (as defined in subparagraph (B)) with respect to the extent to which clinician practices are integrating behavioral health services and primary care services, in accordance with the succeeding provisions of this paragraph.

''(B) APPLICABLE PHYSICIANS AND PRACTITIONERS.—For purposes of this paragraph, the term 'applicable physician or practitioner' means, with respect to a year, a physician or a practitioner described in section 1842(b)(18)(C) who is participating in an eligible alternative payment entity for which the associated alternative payment model involves the delivery of primary care services to beneficiaries who may have the need for mental health or substance

use disorder services, as determined by the Secretary.

"(C) QUALITY REPORTING BY SELECTED PHYSICIANS AND PRACTITIONERS.—With respect to each year beginning on or after the date that is one year after one or more measures are first specified under subparagraph (D), an applicable physician or practitioner shall submit to the Secretary data on quality measures specified under such subparagraph. Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

"(D) QUALITY MEASURES.—

"(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

"(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may

specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

''(E) IMPLEMENTATION.—The Secretary may use quality measures developed pursuant to this paragraph in—

''(i) the shared savings program under section 1899; and

''(ii) the Primary Care First Model, the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model, and any other alternative payment model (as defined in paragraph (3)(C)) as determined appropriate by the Secretary.''.

(2) CONFORMING AMENDMENT RELATING TO CONVENING MULTI-STAKEHOLDER GROUPS.—Section 1890(b)(7)(B)(i)(I) of the Social Security Act (42 U.S.C. 1395aaa(b)(7)(B)(i)(I)) is amended by inserting ''1833(z)(4),'' after ''1833(t)(17),''.

(c) TECHNICAL ASSISTANCE FOR THE ADOPTION OF BEHAVIORAL HEALTH INTEGRATION.—

(1) IN GENERAL.—Not later than January 1, 2025, the Secretary of Health and Human Services shall enter into contracts or agreements with appropriate entities to offer technical assistance to primary care practices that are seeking to adopt behavioral health integration models in such practices.

(2) BEHAVIORAL HEALTH INTEGRATION MODELS.—For purposes of paragraph (1), behavioral health integration models include the Collaborative Care Model (with services identified as of January 1, 2023, by HCPCS codes 99492, 99493, 99494, and G2214 (and any successor codes)), the Primary Care Behavioral Health model (with services identified as of January 1, 2023, by HCPCS code 99484 (and any successor code)), and other models identified by the Secretary.

(3) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Secretary of Health and Human Services for each of fiscal years 2024 through 2027, out of any money in the Treasury not otherwise appropriated, such sums as are necessary, to remain available until expended, for purposes of carrying out this subsection.

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