

118TH CONGRESS
1ST SESSION

S. 1378

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

IN THE SENATE OF THE UNITED STATES

APRIL 27, 2023

Ms. CORTEZ MASTO (for herself and Mr. CORNYN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

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

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 “Connecting Our Med-
5 ical Providers with Links to Expand Tailored and Effec-
6 tive Care” or the “COMPLETE Care Act”.

7 **SEC. 2. INCENTIVES FOR BEHAVIORAL HEALTH INTEGRA-**
8 **TION.**

9 (a) INCENTIVES.—

1 (1) IN GENERAL.—Section 1848(b) of the So-
2 cial Security Act (42 U.S.C. 1395w-4(b)) is amend-
3 ed by adding at the end the following new para-
4 graph:

5 “(13) INCENTIVES FOR BEHAVIORAL HEALTH
6 INTEGRATION.—

7 “(A) IN GENERAL.—For services described
8 in subparagraph (B) that are furnished during
9 2025, 2026, or 2027, instead of the payment
10 amount that would otherwise be determined
11 under this section for such year, the payment
12 amount shall be equal to the applicable percent
13 (as defined in subparagraph (C)) of such pay-
14 ment amount for such year.

15 “(B) SERVICES DESCRIBED.—The services
16 described in this subparagraph are services
17 identified, as of January 1, 2023, by HCPCS
18 codes 99484, 99492, 99493, 99494, and G2214
19 (and any successor or similar codes as deter-
20 mined appropriate by the Secretary).

21 “(C) APPLICABLE PERCENT.—In this
22 paragraph, the term ‘applicable percent’ means,
23 with respect to a service described in subpara-
24 graph (A), the following:

1 “(i) For services furnished during
2 2025 , 175 percent.

3 “(ii) For services furnished during
4 2026, 150 percent.

5 “(iii) For services furnished during
6 2027, 125 percent.”.

7 (2) WAIVER OF BUDGET NEUTRALITY.—Section
8 1848(e)(2)(B)(iv) of such Act (42 U.S.C. 1395w–
9 4(c)(2)(B)(iv)) is amended—

10 (A) in subclause (V), by striking “and” at
11 the end;

12 (B) in subclause (VI), by striking the pe-
13 riod at the end and inserting “; and”; and

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

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

21 (b) QUALITY MEASUREMENT.—

22 (1) IN GENERAL.—Section 1833(z) of the So-
23 cial Security Act (42 U.S.C. 1395l(z)) is amended—

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

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

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

5 “(A) IN GENERAL.—The Secretary shall
6 establish quality measurement reporting re-
7 quirements for applicable physicians and practi-
8 tioners (as defined in subparagraph (B)) with
9 respect to the extent to which clinician practices
10 are integrating behavioral health services and
11 primary care services, in accordance with the
12 succeeding provisions of this paragraph.

13 “(B) APPLICABLE PHYSICIANS AND PRAC-
14 TITIONERS.—For purposes of this paragraph,
15 the term ‘applicable physician or practitioner’
16 means, with respect to a year, a physician or a
17 practitioner described in section 1842(b)(18)(C)
18 who is participating in an eligible alternative
19 payment entity for which the associated alter-
20 native payment model involves the delivery of
21 primary care services to beneficiaries who may
22 have the need for mental health or substance
23 use disorder services, as determined by the Sec-
24 retary.

1 “(C) QUALITY REPORTING BY SELECTED
2 PHYSICIANS AND PRACTITIONERS.—With re-
3 spect to each year beginning on or after the
4 date that is one year after one or more meas-
5 ures are first specified under subparagraph (D),
6 an applicable physician or practitioner shall
7 submit to the Secretary data on quality meas-
8 ures specified under such subparagraph. Such
9 data shall be submitted in a form and manner,
10 and at a time, specified by the Secretary for
11 purposes of this subparagraph.

12 “(D) QUALITY MEASURES.—

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

18 “(ii) EXCEPTION.—In the case of a
19 specified area or medical topic determined
20 appropriate by the Secretary for which a
21 feasible and practical measure has not
22 been endorsed by the entity with a contract
23 under section 1890(a), the Secretary may
24 specify a measure that is not so endorsed
25 as long as due consideration is given to

1 measures that have been endorsed or
2 adopted by a consensus organization iden-
3 tified by the Secretary.

4 “(E) IMPLEMENTATION.—The Secretary
5 may use quality measures developed pursuant
6 to this paragraph in—

7 “(i) the shared savings program under
8 section 1899; and

9 “(ii) the Primary Care First Model,
10 the Accountable Care Organization Real-
11 izing Equity, Access, and Community
12 Health (ACO REACH) Model, and any
13 other alternative payment model (as de-
14 fined in paragraph (3)(C)) as determined
15 appropriate by the Secretary.”.

16 (2) CONFORMING AMENDMENT RELATING TO
17 CONVENING MULTI-STAKEHOLDER GROUPS.—Section
18 1890(b)(7)(B)(i)(I) of the Social Security Act (42
19 U.S.C. 1395aaa(b)(7)(B)(i)(I)) is amended by in-
20 sserting “1833(z)(4),” after “1833(t)(17),”.

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

23 (1) IN GENERAL.—Not later than January 1,
24 2025, the Secretary of Health and Human Services
25 shall enter into contracts or agreements with appro-

1 appropriate entities to offer technical assistance to pri-
2 mary care practices that are seeking to adopt behav-
3 ioral health integration models in such practices.

4 (2) BEHAVIORAL HEALTH INTEGRATION MOD-
5 ELS.—For purposes of paragraph (1), behavioral
6 health integration models include the Collaborative
7 Care Model (with services identified as of January
8 1, 2023, by HCPCS codes 99492, 99493, 99494,
9 and G2214 (and any successor codes)), the Primary
10 Care Behavioral Health model (with services identi-
11 fied as of January 1, 2023, by HCPCS code 99484
12 (and any successor code)), and other models identi-
13 fied by the Secretary.

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

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