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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

# H. R.

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

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## IN THE HOUSE OF REPRESENTATIVES

Mrs. STEEL introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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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.

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 Act” or the “COMPLETE Care Act”.

1 **SEC. 2. INCENTIVES FOR BEHAVIORAL HEALTH INTEGRA-**  
2 **TION.**

3 (a) INCENTIVES.—

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

8 “(13) INCENTIVES FOR BEHAVIORAL HEALTH  
9 INTEGRATION.—

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

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

24 “(C) APPLICABLE PERCENT.—In this  
25 paragraph, the term ‘applicable percent’ means,

1 with respect to a service described in subpara-  
2 graph (A), the following:

3 “(i) For services furnished during  
4 2025 , 175 percent.

5 “(ii) For services furnished during  
6 2026, 150 percent.

7 “(iii) For services furnished during  
8 2027, 125 percent.”.

9 (2) WAIVER OF BUDGET NEUTRALITY.—Section  
10 1848(e)(2)(B)(iv) of such Act (42 U.S.C. 1395w-  
11 4(c)(2)(B)(iv)) is amended—

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

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

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

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

23 (b) QUALITY MEASUREMENT.—

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

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

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

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

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

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

1 use disorder services, as determined by the Sec-  
2 retary.

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

14 “(D) QUALITY MEASURES.—

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

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

1 specify a measure that is not so endorsed  
2 as long as due consideration is given to  
3 measures that have been endorsed or  
4 adopted by a consensus organization iden-  
5 tified by the Secretary.

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

9 “(i) the shared savings program under  
10 section 1899; and

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

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

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

1           (1) IN GENERAL.—Not later than January 1,  
2           2025, the Secretary of Health and Human Services  
3           shall enter into contracts or agreements with appro-  
4           priate entities to offer technical assistance to pri-  
5           mary care practices that are seeking to adopt behav-  
6           ioral health integration models in such practices.

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

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