SFC Bipartisan Mental Health Care Provisions		
Policy	**Description**	**Release Date**
ENSURING ACCESS TO TELEMENTAL HEALTH CARE SERVICES - Co-chairs: Sen. Cardin (D-MD) & Sen. Thune (R-SD)		**5/26/2022**
Ensuring Coverage for Mental Health Services Furnished through Telehealth	Ensures coverage of mental health services provided through telehealth, including: eliminating the in-person visit requirements and replacing the requirement with a requirement for providers to attest to quality and program integrity standards. The bill would also codify Medicare coverage of audio-only tele-mental health services with requirements for a report on care quality for audio-only service.	
Improved Access to Information on Telemental Health Services	Requires original Medicare Fee-for-Service and Medicare Advantage (MA) plans to publicly post information on Medicare beneficiaries' rights to receive telehealth services for mental health care, as well as information on approximate cost-sharing obligations for telemental health services. Requires that the Centers for Medicare and Medicaid Services (CMS) run a public awareness campaign to make patients with Medicare, Medicaid, and Affordable Care Act Exchange coverage aware of their telehealth benefits.	
Medicare Coverage of Telehealth Forms Health and Behavior Assessment and Intervention Services	Clarify that permanent Medicare telehealth flexibilities for mental health services under the Consolidated Appropriations Act, 2021 also apply to health and behavior assessment and intervention (HBAI) services that are provided to help individuals with chronic conditions deal with psychological obstacles to improved health and adherence to treatment regimes. Medicare is currently applying telehealth flexibilities for HBAI services during the COVID-19 public health emergency (PHE), but these flexibilities are scheduled to end 151 days after the PHE.	
Monitoring Utilization and Ensuring Program Integrity for Mental Health Services Furnished through Telehealth	Requires the Secretary of Health and Human Services (HHS) to review tele-mental health claims data and identify providers for whom the number of claims per beneficiary greatly exceeds the average.	
Establishment of Incident to Modifier for Mental Health Services Furnished through Telehealth	Directs HHS to require tele-mental health service claims to include a code or modifier.	
Guidance on Furnishing Behavioral Health Services via Telehealth to Individuals with	Requires CMS to issue guidance on best practices for furnishing tele-behavioral health services to Medicare patients with limited English proficiency.	

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Limited English Proficiency Under Medicare Program		
Report to Congress on Tele-Mental Health Services	Directs HHS to issue a utilization report and recommendations for tele-mental health and substance use disorder (SUD) services.	
GAO Report on Mobile Apps for Behavioral Health	Requires CMS and the Government Accountability Office (GAO) to produce reports on a variety of topics, including utilization trends in telehealth services, care quality in telemental health, and the use of mobile applications and digital platforms for mental health. The bill would also require that CMS track Medicare trends in utilization to identify providers who bill significantly more telemental health than the average provider, as well as tracking the extent to which "incident to" billing is prevalent in the delivery of telemental health in Medicare.	
Ensuring Timely Communications Regarding Telehealth and Interstate Licensure Requirements	Requires CMS to regularly update information on licensure requirements for furnishing telehealth services under Medicare and Medicaid. This includes regular updates on guidance to clarify interstate licensure compacts.	
Facilitating Accessibility for Behavioral Health Services Furnished Through Telehealth	Directs HHS to provide regular updates to guidance to facilitate the accessibility of behavioral health services furnished through telehealth for the visually and hearing impaired.	
Guidance to States on Furnishing Services through Telehealth under Medicaid and CHIP*	Directs CMS to issue guidance outlining the flexibilities and strategies states can leverage under current law to provide care via telehealth under Medicaid and Children's Health Insurance Program (CHIP).	
Disregard of State Expenditures on Health Services Initiatives and CHIP Reimbursement Limitation to Increase Access to Behavioral Health Services for Children in Schools	Gives states additional flexibility to use limited CHIP dollars for initiatives that focus on school-based services.	
Including Telehealth in Provider Directories	Includes in provider directories whether a provider delivers telehealth services.	

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Policy	**Description**	**Release Date**
YOUTH MENTAL HEALTH - Co-chairs: Sen. Carper (D-DE) & Sen. Cassidy (R-LA)		**6/15/2022**
Guidance Supporting Access to Health Care Services in Schools*	Requires guidance from CMS on how states can use Medicaid to finance health care, including mental health, in schools. The provision includes planning grants for states to help take advantage of these flexibilities and best practices.	
State Option to Provide Assistance Under Medicaid and CHIP to Eligible Juveniles who are Inmates Pending Disposition of Charges	Allows states to provide federally-funded Medicaid coverage to eligible children who are detained in jails awaiting trial.	
Review of State Implementation of Early and Periodic Screening, Diagnostic and Treatment Services*	Requires stronger enforcement and oversight of Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to improve access to comprehensive mental health care services.	
Recurring Analysis and Publication of Medicaid Health Care Data Related to Mental Health and SUD Services	Requires HHS and state Medicaid programs to report additional data on mental health and SUD services provided to Medicaid beneficiaries.	
Supporting the Provision of Treatment Family Care Services	Requires guidance from CMS to help states cover certain specialized services for foster youth enrolled in Medicaid who have intensive mental health needs.	
Medicaid Coverage of Mental Health Services and Primary Care Services Furnished Same Day	Requires state Medicaid programs, as a condition of receiving federal Medicaid funding, to not prohibit payment of mental health services or primary care services furnished to an individual on the same day.	
Guidance to States on Supporting Mental Health and SUD for Children and Young Adults	Requires guidance from CMS to improve the availability and provision of mental health and SUD services through Medicaid and CHIP for children and youth with significant mental health needs, including foster youth.	

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Medicaid State Plan Requirements for Screening Services and Referrals for Eligible Juveniles in Public Institutions	Requires states to provide Medicaid-covered screenings and referrals, including those related to mental health needs, to youth who are incarcerated prior to release from prison.	
Streamlined Enrollment Process for Eligible Out-of-State Providers Under Medicaid and CHIP	Requires states to adopt a streamlined process for enrolling out-of-state providers in their Medicaid programs for the delivery of care to individuals under the age of 21.	
MENTAL HEALTH WORKFORCE ENHANCEMENT - Co-Chairs: Sen. Stabenow (D-MI) & Sen. Daines (R-MT)		**9/22/2022**
Updating Medicare for Coverage of Therapist and Counselor Services	Establishes Medicare coverage for mental health services provided by marriage and family therapists and licensed professional counselors. This would bring Medicare in-line with most other insurers who already cover therapist and counselor services.	
Expanding Psychiatrist Workforce through Medicare Graduate Medical Education	Funds training for additional psychiatrists by providing 400 additional Medicare Graduate Medical Education (GME) slots for psychiatry residencies per year.	
Improving Distribution of the Workforce to Shortage Areas through Medicare Bonus	Expands Medicare's Health Professional Shortage Area bonus program to increase bonus payments for psychiatrists who practice in shortage areas and allow for psychologists, clinical social workers, marriage and family therapists, mental health counselors, and other non-physician practitioners to receive bonuses when they practice in shortage areas.	
Reducing Burnout: Access to Physician Wellness Programs	Adds a new exception to the Stark Law to allow hospitals and other entities to provide evidence-based programs for physicians to improve their mental health, increase resiliency, and prevent suicide among physicians.	
Medicaid Workforce Capacity Demonstration	Allows any state to receive a planning grant and participate in a demonstration where they would receive additional federal Medicaid funding to expand or improve the capacity of mental health and SUD providers in their state participating in the Medicaid program.	

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Updating Medicare for Coverage of Clinical Social Worker Services	Expands access to certain clinical social worker services by allowing licensed clinical social workers to bill Medicare for health and behavior assessment and intervention services, which are used to ensure that patients' mental health challenges do not impede their compliance with treatment regimens for chronic conditions.	
State Medicaid Guidance on Increasing Mental Health and SUD Care	Requires HHS to issue Medicaid strategic guidance to increase mental health and SUD provider education, recruitment, and retention, and improve workforce capacity in rural and underserved areas.	
Flexibility in Medicare's Supervision Rules for Psychologist Trainees	Modifies Medicare's supervision rules to allow for psychologist trainees to provide mental health therapy services under the general supervision of a licensed clinical psychologist rather than direct supervision. This would help expand the available workforce by allowing trainees to provide therapy services without the supervising psychologist being in the room. The supervising psychologist would still be required to review notes, conduct follow up, and ensure continuity of care.	
Leveraging Occupational Therapists to Support Mental Health and SUD Care	Requires Medicare to provide education and outreach to providers and other interested parties about the ability of occupational therapists to furnish occupational therapy for individuals with SUD or mental health disorders.	
MENTAL HEALTH CARE INTEGRATION - Co-chairs: Sen. Cortez Masto (D-NV) & Sen. Cornyn (R-TX)		**11/10/2022**
Medicare Payments for Providers who Integrate Behavioral Health and Primary Care	Increases Medicare payment rates for behavioral health integration services to help defray a portion of the startup costs that providers incur when they begin delivering care through models that integrate behavioral health and primary care.	
Medicare Payment for Mobile Crisis Response Teams	Requires CMS to establish a single global payment under the Physician Fee Schedule for mobile crisis response team services for Medicare beneficiaries in crisis. Mobile crisis response team services paid for by the global payment would include a screening and assessment of the Medicare beneficiary's mental health or SUD crisis, services to support de-escalation of the individual's mental health or SUD crisis, and referrals for health and social services. The policy also clarifies that peer support specialists can furnish mobile crisis	

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	response team services under the supervision of a physician or other practitioner who is billing Medicare.	
Medicare Payment for Crisis Stabilization Services	Requires CMS to establish a bundled payment under the Outpatient Prospective Payment System (OPPS) for crisis stabilization services for Medicare beneficiaries in crisis. The bundled payment would cover up to 23 hours of crisis stabilization services, which include observation care, screening for suicide risk, screening for violence risk, assessment of immediate physical health needs, and other services necessary for the diagnosis, active treatment, or de-escalation of a mental health or SUD crisis. The policy also requires that CMS publish a report examining options for providing Medicare coverage of crisis stabilization services furnished by non-hospital providers that cannot bill Medicare under the OPPS.	
Ensuring that Peer Support Specialists Can Participate in the Delivery of Behavioral Health Integration Services	Requires CMS to clarify that peer support specialists may participate in furnishing behavioral health integration services to Medicare beneficiaries as a part of a broader care team.	
Making Permanent State Option to Provide Qualifying Community-based Mobile Crisis Intervention Services	Makes mobile crisis intervention services a permanent state option available to states eligible for federal Medicaid match funding.	
Supporting Access to a Continuum of Crisis Response Services Under Medicaid and CHIP	Directs CMS to issue guidance outlining best practices and recommendations for building a crisis care continuum financed by Medicaid and CHIP, establish a technical assistance center to help states under Medicaid and CHIP design and implement a continuum of crisis response services, and provide planning grants to help states assess their needs and take advantage of the opportunities and flexibilities in the guidance.	
Quality Measures to Support Integrating Behavioral Health and Primary Care	Supports the development of Medicare quality measures that assess the degree to which clinician practices are integrating behavioral health and primary care.	

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Harnessing Value-Based Payment Models to Support Integration of Behavioral Health and Primary Care	Adds support for adopting behavioral health integration as one of the types of opportunities that the Center for Medicare and Medicaid Innovation must consider when developing new demonstration models or revising existing models. The policy also requires that CMS issue guidance to health care providers on best practices for integrating behavioral health care into the primary care setting.	
Guidance to States on Supporting Mental Health and SUD Care Integration with Primary Care in Medicaid and CHIP	Directs CMS to conduct an analysis of integration models in Medicaid, and then to publish guidance describing state options for adopting or expanding value-based payment arrangements that integrate mental health or SUD care within the primary care setting and best practices.	
Technical Assistance for Physician Practices that Integrate Behavioral Health and Primary Care	Directs CMS to provide technical assistance to support health care providers seeking to integrate behavioral health and primary care and bill Medicare for behavioral health integration services.	
Guidance and Technical Assistance for States to Support Access to Community Social Support and Services	Directs CMS to issue guidance outlining flexibilities and best practices for partnering between states, Medicaid managed care organizations, and community-based organizations to address health-related social needs	
MENTAL HEALTH CARE PARITY - Co-chairs: Sen. Bennet (D-CO) & Sen. Burr (R-NC)		**12/1/2022**
Accurate and Updated Provider Directories in Medicare Advantage Plans	Codifies existing requirements that MA plans maintain accurate provider directories that include provider contact information and whether a provider is accepting new patients. MA plans are required to update a provider's in-network status changes within two days. CMS is required to collect MA plan provider directories and post the directories on a public website.	
Requiring Accurate, Updated, and Searchable Provider Directories in Medicaid	Codifies existing regulations requiring Medicaid managed care organizations to maintain regularly updated provider directories that include information on whether listed providers are accepting new patients. These requirements would also apply to states' Medicaid fee-for-service programs.	

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GAO Study on Behavioral Health Cost Sharing and UM Under Medicare Advantage	Directs a GAO study on understanding differences in enrollee cost-sharing and utilization management under Part C between MH/SUD and non-MH/SUD benefits, and in comparison to FFS.	
Guidance on Partial Hospitalization Program Services for Medicare Beneficiaries with SUD	Requires that Medicare provide guidance to health care providers detailing the extent to which Medicare beneficiaries with SUDs can receive partial hospitalization program services. This guidance would also provide more information on other forms of Medicare-covered outpatient services that are available for Medicare patients with SUDs.	
GAO Report on Disparities in Medicaid Payment Rates for Mental Health and SUD Benefits	Requires a GAO report comparing Medicaid payment rates for behavioral health services and medical or surgical services across a sample of states.	

** Included in the S.2938 - Bipartisan Safer Communities Act, which was enacted into law June 25, 2022.*