119TH CONGRESS 1ST SESSION S.
To amend title XVIII of the Social Security Act to provide incentives for behavioral health integration.
IN THE SENATE OF THE UNITED STATES
Ms. Cortez Masto (for herself and Mr. Cornyn) introduced the following bill; which was read twice and referred to the Committee on
A BILL
To amend title XVIII of the Social Security Act to provide incentives for behavioral health integration.
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-

7 SEC. 2. MEDICARE INCENTIVES FOR BEHAVIORAL HEALTH

INTEGRATION WITH PRIMARY CARE.

6 tive Care" or the "COMPLETE Care Act".

(a) Incentives.—

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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	2027, 2028, or 2029, 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, 2024, by HCPCS
18	${\rm codes}\ 99484,\ 99492,\ 99493,\ 99494,\ G2214,$
19	and G0323 (and any successor or similar codes
20	as determined 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	2027 , 175 percent.
3	"(ii) For services furnished during
4	2028, 150 percent.
5	"(iii) For services furnished during
6	2029, 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 2027 , 2028 , or 2029 .".
21	(b) Technical Assistance for the Adoption of
22	Behavioral Health Integration.—
23	(1) In general.—Not later than January 1,
24	2026, the Secretary of Health and Human Services
25	(in this subsection referred to as the "Secretary")

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, 2024, 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, 2024, by HCPCS codes 99484 and G0323 (and any successor code)), and other models identified by the Secretary.
- (3) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the provisions of this subsection by program instruction or otherwise.
- (4) Funding.—In addition to amounts otherwise available, there is appropriated to the Secretary for each of fiscal years 2025 through 2029, 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.