Ensuring Excellence in Mental Health Act

Bill Summary, Talking Points, and Sample Messaging

Bill Title, Leads, Links:

- **Title**: The Ensuring Excellence in Mental Health Act
- **Sponsors**: Sen. John Cornyn (R-TX) and Sen. Tina Smith (D-MN)
    - **Original co-sponsors**: Sen. Thom Tillis (R-NC) and Sen. Catherine Cortez Masto (D-NV)
- **Bill one-pager**
- **Send direct message to Congress** (make sure you are logged out of our online platform before sharing the link) **https://thenationalcouncil.quorum.us/campaign/143777/**

Topline Summary:

This bill builds upon previous bipartisan congressional action and creates the infrastructure required to sustain and expand access to CCBHCs nationwide. The bill would:

- Solidify the Prospective Payment System (PPS) in Medicaid;
- Establish a CCBHC definition under Medicare;
- Create authorizing language for CCBHC-expansion grants and technical assistance;
- Create opportunities to better integrate physical and behavioral health care; and
- Further enhance the strong accountability measures for clinics by establishing a national data infrastructure and repository, like the FQHC uniform data system.

Key Provisions:

- **Medicaid PPS:**
    - The bill requires states that provide CCBHC services under the State plan to use a PPS methodology. This does not apply to states that do not utilize the State option, and this requirement is tied only to the CCBHC option implemented by Congress last year. It does not apply to states using a waiver, the rehab or clinic options, or managed care direct payment.
        - This will help ensure states that use the new CCBHC option continue to use the PPS model in lieu of other payment models that may not be as effective.
        - It does not affect states that continue using other Medicaid authorities to implement CCBHC

- **Medicare Definition and PPS:**
    - Beginning in 2027, the bill provides a covered Medicare CCBHC benefit, which would have the same definition as the covered benefit under Medicaid passed by Congress last year.
    - Beginning in 2027, the bill requires Medicare to pay for services using a PPS methodology. This will not be the same as the Medicaid PPS, as there won't be clinic specific rates.
        - This provision will help cover the cost of care for Medicare beneficiaries and will likely expand access to this rapidly growing population.

- **Operating Grants:**
    - Implements operating grants (authorized at $552 million annually for FY 2026 through 2030) for CCBHCs that meet certification requirements.

        - These grants will support activities like strengthening the CCBHC workforce, building capacity for evidence-based practices and improving partnerships with law enforcement, schools, and others community partners.
    - Provides grants for technical assistance for CCBHCs ($8 million/year for 2026-2030).
        - Ongoing technical assistance will help enhance and improve existing CCBHCs and state-based implementation of the CCBHC model.
    - Provides funds to construct a data infrastructure program to be used for CCBHC quality reporting ($51 million/ year for 2026-2030).

- **Primary Care Services:**
    - Gives CCBHCs participating in either the demo or State plan option the choice to offer primary care services.
        - This will expand the service offerings of CCBHCs who choose to implement this option and allow those clinics to include primary care services within their PPS.
        - To reiterate, this does not REQUIRE CCBHCs to offer primary care, but allows them to do so should they choose

- **Accreditation:**
    - Allows HHS to establish an accreditation procedure for CCBHC grantees in lieu of self-attestation and recognize certain entities as accreditation bodies.
        - This provision will help to ensure proper oversight for CCBHC grantees, replacing self-attestation with independent verification to ensure compliance with CCBHC standards.

- **Liability Protection:**
    - Provides liability protection for clinicians providing services on behalf of CCBHCs receiving federal operating grant funds through the Federal Tort Claims Act (FTCA).
        - The FTCA provides medical malpractice protection to providers who work at qualifying clinics, shielding them from personal liability for acts of negligence committed within the scope of their practice at that facility. This protection is currently in place for FQHCs.

- **MCO Wraparound Payment Exemption for CCBHCs:**
    - This provision would establish an exemption for CCBHCs similar to the one in place for FQHCs which exempts them from federal regs prohibiting wraparound payments.

- **Guidance for Organizations Serving a Specialized Population:**
    - The bill would require HHS to publish guidance clarifying how clinics that focus on distinct populations, such as children or youth and veterans, may meet any relevant requirement to furnish appropriate treatment to individuals across the lifespan.

Talking Points & Key Messages:

- CCBHCs are federally defined, state-driven, and locally achieved. They have strong accountability standards, with the flexibility for states and communities to tailor their services based on unique needs.
- CCBHCs are proven to expand access to care, reduce wait times, and lessen the burden on hospitals and law enforcement.
- This bill makes it possible for more communities to establish a CCBHC, enabling more people to access lifesaving mental health and substance use care, including crisis care, when and where they need it.
- Not all services provided at a CCBHC are covered by Medicare. By providing a covered Medicare CCBHC benefit, this bill will increase access to comprehensive mental health and substance use care for all Medicare beneficiaries, especially critical as America's 65+ population rapidly grows.
- This bill helps address the health care workforce shortage by making the positive workforce impacts of CCBHCs available across more states.
    - CCBHCs create jobs amidst a workforce shortage crisis. In fact, 98% of CCBHCs increased staff since certification, creating over 11,000 new positions, including over 3,000 positions in clinics located in rural areas.
- This is bipartisan legislation that would expand access to comprehensive mental health and substance use care.
- CCBHCs are already making a significant difference in 48 states and territories, serving more than 3 million Americans and helping reduce hospitalizations and homelessness.

Template Social Media:

Post 1:

- Many people lack access to high-quality mental health and substance use care. #CCBHCs are proven to work in rural & urban communities alike. The bipartisan Ensuring Excellence in Mental Health Act would bring this lifesaving model to more Americans. Learn more: bit.ly/3X7iAcC

Post 2:

- #CCBHCs reduce ER visits and homelessness and help keep people with serious mental illness out of jail. The bipartisan Ensuring Excellence in Mental Health Act would expand access to these lifesaving clinics nationwide. Urge Congress to pass it today! bit.ly/3X7iAcC

Post 3:

- Sen. [tag your lawmaker's account], #CCBHCs are making a real difference in our community by offering comprehensive mental health and addiction care to anyone who walks in the door. Please support a bill to help create more CCBHCs! bit.ly/3X7iAcC

Template Letter to the Editor or Opinion-Editorial:

Note: We encourage you to take some (or all) of the below messaging to craft press submissions to your local news outlets. We also encourage you to add in state-specific references and data as much as possible. Contact National Council if you'd like assistance with drafting or pitching to news outlets.

Title: Expand Access to Certified Community Behavioral Health Clinics in [insert state]

Our mental health and substance abuse crises demand action, and Congress has a proven solution at hand: expanding the Certified Community Behavioral Health Clinic (CCBHC) model.

CCBHCs provide comprehensive mental health and substance use services to anyone who walks through their doors, regardless of ability to pay. They offer crisis intervention, medication management, housing support, and care coordination—all under one roof. This integrated approach saves lives and reduces costly emergency room visits and incarcerations.

The model works. States with CCBHCs have seen dramatic improvements: reduced wait times for care, increased access, and better outcomes for people with serious mental illness. Veterans, children, and individuals experiencing homelessness have all benefited from this accessible, no-wrong-door approach to care. Also, CCBHCs offer new employment opportunities for a field struggling with a workforce shortage – so far, over 11,000 new jobs at CCBHCs have been created nationwide.

But if we are serious about solving the ongoing mental health, addiction, and homelessness crises once and for all, we need to create more of these clinics so every community can access them.

Federal lawmakers have an opportunity to do this through the bipartisan Ensuring Excellence in Mental Health Act. This bill would provide funding for more clinics to open nationwide, ensuring that high-quality mental health and substance abuse care is available in more communities. This isn't just compassionate policy—it's fiscally responsible, reducing the burden on emergency services, hospitals, and the justice system and adhering to strict accountability measures.

I urge our Congressional delegation to support this bill and help improve mental health care across our state.