

[DISCUSSION DRAFT]

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XVIII of the Social Security Act to ensure appropriate access to mental health care under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

Mr. KELLY of Pennsylvania introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to ensure appropriate access to mental health care 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 “_____ Act
5 of 2026”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

1 (1) the behavioral health crisis in America is
2 driven by misguided deinstitutionalization, outdated
3 federal regulations, uneven enforcement of mental
4 health parity laws, and excessive administrative re-
5 quirements that divert resources away from patient
6 care;

7 (2) Federal policy too often restricts access, dis-
8 courages investment, and imposes unique burdens on
9 behavioral healthcare patients and providers;

10 (3) according to the National Institute of Men-
11 tal Health “While mental disorders are common in
12 the United States, their burden of illness is particu-
13 larly concentrated among those who experience dis-
14 ability due to serious mental illness (SMI)”;

15 (4) patients with serious mental illness are held
16 for hours, sometimes days and even weeks in emer-
17 gency departments because a psychiatric bed cannot
18 be found;

19 (5) one in every four homeless people in Amer-
20 ica have a serious mental illness;

21 (6) every 11 minutes an American dies by sui-
22 cide;

23 (7) patients with behavioral health conditions
24 account for 27 percent of the United States popu-

1 lation but account for 56 percent of healthcare
2 spending;

3 (8) only 4.4 percent of spending on patients
4 with behavioral health conditions is for treating a
5 behavioral health condition;

6 (9) elevated physical comorbidity and pre-
7 mature mortality in persons with schizophrenia re-
8 sult in a 15-20 year shorter life expectancy com-
9 pared to the general population; and

10 (10) this act shall support individuals, their
11 families and their caregivers in achieving access,
12 care, and recovery for serious mental illness by re-
13 moving Federal barriers.

14 **SEC. 3. 190-DAY LIFETIME LIMIT.**

15 (a) IN GENERAL.—Section 1812 of the Social Secu-
16 rity Act (42 U.S.C. 1395d) is amended—

17 (1) in subsection (b)—

18 (A) in paragraph (1), by inserting “or” at
19 the end;

20 (B) in paragraph (2), by striking “; or” at
21 the end and inserting a period; and

22 (C) by striking paragraph (3); and

23 (2) in subsection (c), by striking “(but shall not
24 be included” and all that follows before the period
25 at the end.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to items and services furnished
3 on or after October 1, 2027.

4 **SEC. 4. FINANCIAL PROTECTIONS FOR PATIENTS WHO ARE**
5 **INVOLUNTARILY COMMITTED.**

6 Section 1813(a)(1) of the Social Security Act (42
7 U.S.C. 1395e(a)(1)) is amended, in the matter at the end,
8 by adding at the end the following new sentence: “No re-
9 duction shall be made under the preceding sentence with
10 respect to inpatient psychiatric hospital services furnished
11 to an individual on or after October 1, 2027, if such indi-
12 vidual was admitted to such hospital following an involun-
13 tary commitment order under applicable State law.”.

14 **SEC. 5. REGULATORY MODERNIZATION AND RELIEF FOR**
15 **BEHAVIORAL HEALTH CARE PROVIDERS.**

16 (a) IN GENERAL.—Section 1861(f) of the Social Se-
17 curity Act (42 U.S.C. 1395x(f)) is amended—

18 (1) in paragraph (1), by adding “and” at the
19 end;

20 (2) in paragraph (2), by striking the semicolon
21 and inserting a period;

22 (3) by striking paragraphs (3) and (4); and

23 (4) by striking the matter at the end.

(b) ADDITIONAL MODIFICATIONS.—Section 1886(s)(4) of the Social Security Act (42 U.S.C. 1395ww(s)(4)) is amended—

(1) in subparagraph (D), by striking clause (iv);
and
(2) by striking subparagraphs (E) and (F).

SEC. 6. INTEGRATING MENTAL HEALTHCARE WITH PHYSICAL HEALTHCARE.

(a) INCENTIVES.—

(1) IN GENERAL.—Section 1848(b) of the Social Security Act (42 U.S.C. 1395w–4(b)) is amended by adding at the end the following new paragraph:

“(13) INCENTIVES FOR BEHAVIORAL HEALTH INTEGRATION.—

“(A) IN GENERAL.—For services described in subparagraph (B) that are furnished during 2027, 2028, or 2029, instead of the payment amount that would otherwise be determined under this section for such year, the payment amount shall be equal to the applicable percent (as defined in subparagraph (C)) of such payment amount for such year.

“(B) SERVICES DESCRIBED.—The services described in this subparagraph are services

1 identified, as of January 1, 2024, by HCPCS
2 codes 99484, 99492, 99493, 99494, G2214,
3 and G0323 (and any successor or similar codes
4 as determined appropriate by the Secretary).

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

9 “(i) For services furnished during
10 2027, 175 percent.

11 “(ii) For services furnished during
12 2028, 150 percent.

13 “(iii) For services furnished during
14 2029, 125 percent.”.

15 (2) WAIVER OF BUDGET NEUTRALITY.—Section
16 1848(c)(2)(B)(iv) of such Act (42 U.S.C. 1395w-
17 4(c)(2)(B)(iv)) is amended—

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

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

22 (C) by adding at the end the following new
23 subclause:

24 “(VII) the increase in payment
25 amounts as a result of the application

1 of subsection (b)(13) shall not be
2 taken into account in applying clause
3 (ii)(II) for 2027, 2028, or 2029.”.

4 (b) TECHNICAL ASSISTANCE FOR THE ADOPTION OF
5 BEHAVIORAL HEALTH INTEGRATION.—

6 (1) IN GENERAL.—Not later than January 1,
7 2027, the Secretary of Health and Human Services
8 (in this subsection referred to as the “Secretary”)
9 shall enter into contracts or agreements with appro-
10 priate entities to offer technical assistance to pri-
11 mary care practices that are seeking to adopt behav-
12 ioral health integration models in such practices.

13 (2) BEHAVIORAL HEALTH INTEGRATION MOD-
14 ELS.—For purposes of paragraph (1), behavioral
15 health integration models include the Collaborative
16 Care Model (with services identified as of January
17 1, 2024, by HCPCS codes 99492, 99493, 99494,
18 and G2214 (and any successor codes)), the Primary
19 Care Behavioral Health model (with services identi-
20 fied as of January 1, 2024, by HCPCS codes 99484
21 and G0323 (and any successor code)), and other
22 models identified by the Secretary.

23 (3) IMPLEMENTATION.—Notwithstanding any
24 other provision of law, the Secretary may implement

1 the provisions of this subsection by program instruc-
2 tion or otherwise.

3 (4) FUNDING.—In addition to amounts other-
4 wise available, there is appropriated to the Secretary
5 for each of fiscal years 2027 through 2031, out of
6 any money in the Treasury not otherwise appro-
7 priated, such sums as are necessary, to remain avail-
8 able until expended, for purposes of carrying out
9 this subsection.