



The \$1.7 trillion fiscal year 2023 Omnibus Appropriations bill (also known as “spending legislation”), is the year-long federal government spending package that will keep the federal government operating through the end of the fiscal year in September 2023. Below, are the provisions from the spending package that are anticipated to directly impact professional counselors and the counseling community.

The complete Omnibus legislation text can be found [here](#).

Division H - Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act

Title VI - Medicare Provisions

- **Medicare Provisions.**

- **Sec. 4113. Advancing Telehealth Beyond COVID-19.** The bill extends Medicare telehealth flexibilities through the end of 2024 independent of the conclusion of the COVID-19 public health emergency (PHE). The bill also delays the in-person requirements under Medicare for mental health services furnished through telehealth or other telecommunications technology from the 152nd day after the end of the COVID-19 PHE to January 1, 2025 (or, if later, the first day after the end of the COVID-19 PHE). If the COVID-19 PHE ends before December 31, 2024, the Secretary is required to continue to provide coverage and payment for certain telehealth services that are furnished via an audio-only communication system through the end of the COVID-19 PHE or until December 31, 2024, whichever is latest. The bill requires the Secretary to conduct a study on the duration of telehealth services furnished and the impact of telehealth services furnished on future utilization of health care services by Medicare beneficiaries. The Secretary must submit this report to Congress no later than April 1, 2026.

- **Sec. 4121. Coverage of Marriage and Family Therapist Services and Mental Health Counselor Services Under Part B of the Medicare Program.** The bill would add services furnished by Mental Health Counselors (MHCs) and Marriage and Family Therapists (MFTs) to Medicare’s mental health services provisions under Part B. Covered services include the diagnosis and treatment of mental illnesses as authorized by the State in which the practitioner furnishes the services, as would otherwise be covered by Medicare if the services were provided by a psychiatrist or incident to a psychiatrist’s professional service, which is consistent with the requirements applicable to clinical social workers’ mental health services under the Part B statute. To be eligible to participate in the Medicare program, MFTs and MHCs have a master’s or doctor’s degree qualifying them for licensure or certification as, respectively, a marriage and family therapist, or mental health counselor, clinical professional counselor, or professional counselor under the laws of the State in which they practice and be so licensed or certified. Eligible practitioners must also have performed at least 2 years of supervised, clinical post-graduate work and meet any other requirements set by the Secretary of Health and Human Services. The bill would set Medicare reimbursement for MHCs and MFTs at 80% of the lesser of the practitioner’s actual charge or 75% of the annual Medicare Physician Fee Schedule (MPFS) rate for a psychologist. As with other providers participating in the Part B program, MHCs and MFTs would have to agree to submit claims directly to Medicare on the beneficiary’s behalf, accept the Medicare-approved amount as full payment, and charge the beneficiary only the coinsurance amount. The bill also expressly adds MHCs and MFTs as eligible providers in Rural Health Clinics and Federally Qualified Health Centers, and ensures that MHCs and MFTs may provide mental health diagnosis and treatment services, under Part B, to beneficiaries in skilled nursing facilities. In addition, the bill specifies that an MHC or MFT must be included in the interdisciplinary teams provided by Medicare hospice programs. The expanded mental health coverage provisions of the bill would take effect on January 1, 2024 to enable CMS time to provide guidance to Medicare contractors and include MHCs and MFTs in the 2024 calendar year MPFS proposed and final rules.

Title II - Department of Health and Human Services

Health Resources and Services Administration (HRSA)

- **Health Workforce.**
 - The legislation appropriates \$1.39 billion for carrying out health workforce activities as stipulated by statute in the *PHS Act*, the *Social Security Act*, and the *Health Care Quality Improvement Act of 1986*.
- **Health Resources and Services Administration (HRSA)-Wide Activities and Program Support.**
 - The legislation appropriates \$1.735 billion for carrying out cross-cutting activities and program support for HRSA.

National Institutes of Health (NIH)

- **National Institute of Mental Health.**

- The legislation appropriates \$2.11 billion for carrying out sections of the *Public Health Service PHS Act* with respect to mental health.

- **Substance Abuse and Mental Health Services Administration.**

- The legislation appropriates \$2.69 billion for carrying out titles of the PHS Act with respect to mental health, the Protection and Advocacy for Individuals with Mental Illness Act, and the SUPPORT for Patients and Communities Act.
- The bill appropriates \$385 million through September 30, 2025 for grants to communities and community organizations who meet criteria for Certified Community Behavioral Health Clinics.

Division FF - Health and Human Services

Title I - Restoring Hope for Mental Health and Well-Being Act

Subtitle A – Mental Health and Crisis Care Needs

Chapter 1 - Crisis Care Services and 9-8-8 Implementation

- **Sec. 1101. Behavioral Health Crisis Coordinating Office.** The bill establishes the Behavioral Health Crisis Coordinating Office within SAMHSA to convene partners and provide technical assistance to enhance access to crisis care. For fiscal years FY 2023 through FY 2027, the bill authorizes the office at \$5 million annually.
- **Sec. 1102. Crisis Response Continuum of Care.** The bill requires the HHS Secretary to identify and publish best practices for a crisis response continuum of care for use by health care providers, crisis service administrators, and crisis service providers.

Chapter 3 - Reaching Improved Mental Health Outcomes for Patients

- **Sec. 1121. Innovation for Mental Health.** The bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the National Mental Health and Substance Use Policy Laboratory at \$10 million annually; (2) the Interdepartmental Serious Mental Illness Coordinating Committee; and (3) the Mental Health Needs Priority Regions of National Significance (PRNS) at \$599.036 million annually.
- **Sec. 1122. Crisis Care Coordination.** The bill establishes the Mental Health Crisis Response Partnership Pilot Program and authorizes the program at \$10 million annually for FY 2023 through FY 2027. Additionally, the bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the Mental Health Awareness Training (MHAT) Grants at \$24.963 million annually; and (2) Adult Suicide Prevention at \$30 million annually.

- **Sec. 1123. Treatment of Serious Mental Illness.** The bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the Assertive Community Treatment Grant Program at \$9 million annually; and (2) the Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness at \$22 million annually.

Chapter 5 - Community Mental Health Services Block Grant Reauthorization

- **Sec. 1141. Reauthorization of Block Grants for Community Mental Health Services.** The bill reauthorizes the Community Mental Health Services Block Grants for states, territories, Tribes, and Tribal organizations at \$857.571 million annually for FY 2023 through FY 2027. The bill requires that five percent of the funds granted under this section be used for evidence-based crisis care services.

Subtitle C – Access to Mental Health Coverage and Care

Chapter 1 - Improving Uptake and Patient Access to Integrated Care Services

- **Sec. 1301. Improving Uptake and Patient Access to Integrated Care Services.** The bill allows the HHS Secretary to award grants to states that partner with a community program or one or more health center(s), rural health clinic(s), Federally qualified health center(s), or primary care practice(s) to implement collaborative care models, including psychiatric collaborative care models. The bill stipulates the HHS Secretary should aim to award no more than \$2 million a year to eligible entities. The bill authorizes the program at \$60 million annually for FY 2023 through FY 2027 and specifies that no less than 10 percent of such funding shall be used to implement psychiatric collaborative care models at primary care practices.

Chapter 2 - Helping Enable Access to Lifesaving Services

- **Sec. 1311. Reauthorization and Provision of Certain Programs to Strengthen the Health Care Workforce.** The bill reauthorizes the following programs for FY 2023 through FY 2027: (1) the Mental and Behavioral Health Education and Training Grants at \$50 million annually; and (2) the Training Demonstration Program at \$31.7 million annually.

Subtitle D – Children and Youth

Chapter 1 - Supporting Children’s Mental Health Care Access

- **Sec. 1401. Technical Assistance for School-Based Health Centers.** The bill directs the HHS Secretary to provide technical assistance to school-based health centers (SBHCs) through private, nonprofit entities with demonstrated expertise. Under the bill, such technical assistance must support SBHC’s efforts to deliver mental health and substance use disorder services and may support SBHC’s implementation of evidence-based or evidence-informed best practices for providing high-quality health care services to children and adolescents.
- **Sec. 1402. Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment.** The bill reauthorizes the Infant and Early Childhood Mental Health Grant program at \$50 million annually for FY 2023 through FY 2027 and allows the HHS Secretary to provide technical assistance to grantees.

- **Sec. 1403. Co-Occurring Chronic Conditions and Mental Health in Youth Study.** The bill requires the HHS Secretary to study the rates of suicidal behaviors among children and adolescents with chronic illnesses, including substance use disorders, autoimmune disorders, and heritable blood disorders and submit a report to Congress on the results of such study.
- **Sec. 1404. Best Practices for Behavioral and Mental Health Intervention Teams.** The bill requires the HHS Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Secretary of Education, to develop and submit a report to Congress that identifies best practices related to using behavioral and mental health intervention teams in educational settings.

Chapter 2 - Continuing Systems of Care for Children

- **Sec. 1411. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances.** The bill reauthorizes the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Grant program at \$125 million annually for FY 2023 through FY 2027.
- **Sec. 1412. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances.** The bill reauthorizes the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) Grant program for FY 2023 through FY 2027.

Title II — Preparing for and Responding to Existing Viruses, Emerging New Threats, and Pandemics

Subtitle A – Strengthening Federal and State Preparedness

Chapter 1 -- Federal Leadership and Accountability

- **Sec. 2104. Office of Pandemic Preparedness and Response Policy.** This legislation establishes an Office of Pandemic Preparedness and Response Policy within the Executive Office of the President, led by a Director appointed by the President, to advise on pandemic preparedness and response policy and to support coordination and communication within the federal government related to preparedness and response. It also establishes an Industry Liaison within the Office to work with affected industries during responses. The bill requires the Director to develop a Preparedness Outlook Report every five years on situations and conditions that warrant significant attention related to preparedness and response including opportunities and challenges related to medical countermeasures. It also requires the Director to conduct a review of existing federal policies to identify gaps and inefficiencies related to preparedness and response and submit to Congress a report, which shall be updated every two years, describing the findings of the review, current and emerging threats, federal roles and responsibilities, and any plans and associated barriers to address such findings.

Chapter 2 -- State and Local Readiness

- **Sec. 2112. Supporting access to mental health and substance use disorder services during public health emergencies.** The legislation directs SAMHSA to support continued access to mental health and substance use disorder services during public health emergencies. It requires SAMHSA's Strategic Plan and Biennial Report to Congress to include the agency's activities to support continued access to mental health and substance use disorder services during public health emergencies, including for at-risk individuals. Additionally, it also requires the Assistant Secretary to submit a report to Congress, based on feedback from SAMHSA's advisory councils, describing steps SAMHSA can take to: (1) improve the provision of mental health and substance use disorder services as part of the medical response to a public health emergency and (2) improve the provision of such services during public health emergencies. Also, the bill requires GAO to report on SAMHSA's work throughout the course of the COVID-19 pandemic.

Subtitle B – Improving Public Health Preparedness and Response Capacity

Chapter 2 -- Improving State, Local, and Tribal Public Health Data

- **Sec. 2211. Modernizing State, Local, and Tribal biosurveillance capabilities and infectious disease data.** The legislation includes language meant to improve collaboration among federal departments, implements lessons learned from previous public health emergencies, and identifies steps the HHS Secretary will take to further develop and integrate infectious disease detection, support rapid, accurate, and secure sharing of laboratory test results during a public health emergency, and improve coordination with public health officials, clinical laboratories, and other entities with expertise in public health surveillance.
- **Sec. 2213. Supporting State, Local, and Tribal Public Health Data.** The legislation includes language that directs the HHS Secretary to help states, localities, territories, and Tribes better leverage public health data that is deidentified as applicable to support public health responses, such as by improving data use agreements between relevant federal agencies and other public and private entities. It also authorizes a program to develop best practices to improve the quality and completeness of demographic data to support public health responses.
- **Sec. 2215. Public health data transparency.** The bill has language that directs HHS to issue a report within one year on current practices and objectives, and associated progress and challenges, related to CDC collection and dissemination of public health data during public health emergencies.
- **Sec. 2216. GAO report on public health preparedness, response, and recovery data capabilities.** The bill mandates a GAO report within 18 months of enactment that describes the efforts of HHS to ensure that public health data capabilities are not unnecessarily duplicative, overlapping, or fragmented and protect individual privacy. The report shall also include recommendations streamline and improve data-sharing across HHS.

Chapter 3 -- Revitalizing the Public Health Workforce

- **Sec. 2223. Improving public health emergency response capacity.** The bill has language that is meant to improve HHS's ability to quickly mount an initial response to a public health emergency by allowing the HHS Secretary to directly appoint up to 500 individuals to preparedness and response positions within HHS. It also requires an annual report to Congress and a GAO study on the use of this authority.

Chapter 4 -- Enhancing Public Health Preparedness and Response

- **Sec. 2231. Centers for public health preparedness and response.** The legislation includes provisions that reauthorize a network of Centers for Public Health Preparedness and Response to: (1) translate research findings or strategies into evidence-based practices to inform preparedness and response to public health emergencies; (2) improve awareness of these practices and other relevant scientific or public health information among health care and public health professionals and the public; (3) expand activities, such as through partnerships, to improve public health preparedness and response; and (4) provide technical assistance and expertise to health departments, as appropriate.

Title VI - Medicare Provisions

• Expiring Medicare Provisions.

- **Sec. 4123. Improving Mobile Crisis Care in Medicare.** The bill provides for payment for psychotherapy for crisis services furnished by a mobile unit beginning January 1, 2024 in the amount of 150% of the payment amount for non-facility sites.
- **Sec. 4124. Ensuring Adequate Coverage of Outpatient Mental Health Services Under the Medicare Program.** The bill modifies the definition of partial hospitalization services to include coverage of intensive outpatient services beginning January 1, 2024.
- **Sec. 4130. GAO Study and Report Comparing Coverage of Mental Health and Substance Use Disorder Benefits and Non-Mental Health and Substance Use Disorder Benefits.** The bill requires the Comptroller General to conduct a study comparing the mental health and substance use disorder benefits offered by Medicare Advantage (MA) plans with benefits (other than mental health and substance use disorder benefits) offered by MA plans and the mental health and substance use disorder benefits under the original Medicare fee-for-service program under parts A and B.

• Medicaid and CHIP.

- **Sec. 5124. Supporting Access to a Continuum of Crisis Response Services Under Medicaid and CHIP.** The bill requires the Secretary, not later than July 1, 2025, to issue guidance to States regarding effective continuum of crisis care through Medicaid and CHIP. The includes recommendations for crisis call centers, mobile crisis teams, services in community, residential, and hospital settings, coordination with follow-on mental health services and more.