

# We are AHA.

Behavioral health providers that are members of the American Hospital Association add their voice and influence to the nation's leading advocate for hospitals and health systems. The AHA provides its behavioral health members with valuable benefits, including **advocacy, resources and initiatives designed to improve access to and strengthen the delivery of affordable, high-quality behavioral health care.**



## Advocacy

We are working with Congress and the Administration to enact policies to support behavioral health hospitals and service lines, and to solidify a policy environment that protects access to care, advances innovation and invests in behavioral health treatment.

## Legislative

- President Trump Dec. 1, 2025 **signed** the AHA-backed **SUPPORT Act** (H.R. 2483) into law. The legislation reauthorizes key prevention, treatment and recovery programs for patients with substance use disorders. It also includes programs to support the behavioral health workforce.
- President Trump Feb. 3, 2026 signed the **Consolidated Appropriations Act of 2026** (H.R.7148) into law, which includes extensions for telehealth flexibilities and funding various services through SAMHSA, including treatment services for mental health and substance use, Certified Community Behavioral Health Clinics (CCBHCs) expansion grants and the Substance Use Disorder Treatment and Recovery Loan Repayment (STAR) Program. Additionally, the Appropriations Act reauthorizes the Dr. Lorna Breen Health Care Provider Protection program through 2030.

## Regulatory

- **CMS Final rule on IPF Payments for FY 2026**  
The Centers for Medicare & Medicaid Services Aug. 1 issued a final rule for the **inpatient psychiatric facility prospective payment system** for fiscal year 2026. CMS will **increase IPF payments** by a net 2.4%, or \$70 million, in FY 2026 compared to FY 2025. AHA members received a **Regulatory Advisory** to provide timely guidance on this updated policy.
- **Physician Fee Schedule Final Rule for CY 2026**  
AHA's Nov. 3 **Regulatory Advisory** outlines several positive impacts for behavioral health providers, including updates intended to enhance integration of behavioral health into primary care. First, the agency clarifies that marriage and family therapists and mental health counselors can bill Medicare directly for Community Health Integration and Principal Illness Navigation services and offers additional clarification that the codes do not limit the types of other health care professionals (such as nurses and social workers) who can perform these services. Next, CMS creates add-on codes for Advanced Primary Care Management services that complement previously established Behavioral Health Integration or psychiatric Collaborative Care Model services. The agency also updates previously established payment codes for services provided using FDA-cleared digital mental health treatment (DMHT) devices under HCPCS code G0552, including expanding payment for use of DMHT for attention deficit hyperactivity disorder.

- **OPPS Final Rule for CY 2026**

The AHA Nov. 24 released a **Regulatory Advisory** detailing key provisions from the Centers for Medicare & Medicaid Services' 2026 outpatient prospective payment system final rule. For CY 2026, CMS will maintain the existing rate structures for Intensive Outpatient Program and Partial Hospitalization Program services as established in previous rulemaking for hospital-based providers only.. For Community Mental Health Centers that offer these services, CMS will calculate costs at 40% of the corresponding hospital-based costs.

- **CMS to launch ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model**

The Centers for Medicare & Medicaid Services will launch a new **outcome-aligned payment model** for providers offering technology-supported care for managing common chronic conditions to individuals with traditional Medicare, focusing on conditions such as high blood pressure, diabetes and depression. CMS will accept applications for the 10-year voluntary model through April 1, 2026. The model will begin July 1, 2026.

## Influencing the Conversation

Throughout 2025, AHA worked closely with the Administration, urging them to:

- Extend the **enhanced premium tax credits** to prevent coverage loss.
- **Adhere** to HHS and CMS' pledges to reform prior authorization processes.
- Help **ensure** that health care providers receive timely payments from MA plans for necessary patient services.
- Require Medicare and Medicaid to **cover costs** when hospitals provide naloxone to patients at risk of an overdose at no cost to patients.
- Eliminate the 190-day **lifetime limit** on inpatient psychiatric hospital services for Medicare patients.
- Protect health care workers **from** violence.
- Establish a new federal loan and loan guarantee program to **build or renovate** mental health or substance use disorder treatment facilities.
- Repeal the Medicaid Institutions for Mental Disease exclusion, which prohibits use of Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain facilities.



## Sharing Solutions & Innovations from the Field

In addition to a daily news bulletin and advocacy alerts on key issues, AHA members receive the Behavioral Health News Update – a monthly communication on recent behavioral health advocacy initiatives, resources and educational offerings.

**AHA's website for Behavioral Health is regularly updated with information and resources. These include:**

- **Podcasts** featuring conversations with behavioral health professionals.
- Centralized resources to address the challenges of **older adult**, and **rural behavioral health** service delivery as well as **reducing stigma**.
- Videos on reducing the stigma of receiving behavioral health care treatment, featuring a **nursing leader**, a former **CEO** and a **surgeon**.
- A new report: **Integrating Behavioral Health into Pediatric Care—Hospital-led Solutions to a Growing Crisis**.
- The release of a toolkit as a culmination of a year-long CDC grant: **Bridge to Care: Advancing Linkage to and Retention in Care Across Health Care Settings for Patients with Opioid and/or Stimulant Use Disorder**.
- An AHA members-only **community** for behavioral health leaders as well as for leaders at a **system level**.
- Curated resources to enhance your organization's participation in **Mental Health Awareness Month** and **Suicide Prevention Awareness Month**.
- 2026 focus areas include sharing additional case examples to enhance the existing focus areas, as well as identifying and distributing examples of behavioral health inpatient programs using AI to improve operations and improve access to care.