

114TH CONGRESS
2D SESSION

S. 2605

To amend title XIX of the Social Security Act to provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance use disorders at certain facilities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 29, 2016

Mr. DURBIN (for himself and Mr. KING) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance use disorders at certain facilities, and for other purposes.

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 “Medicaid Coverage for
5 Addiction Recovery Expansion Act”.

1 **SEC. 2. STATE OPTION TO PROVIDE MEDICAL ASSISTANCE**
 2 **FOR RESIDENTIAL ADDICTION TREATMENT**
 3 **FACILITY SERVICES; MODIFICATION OF THE**
 4 **IMD EXCLUSION.**

5 (a) IN GENERAL.—Section 1905 of the Social Secu-
 6 rity Act (42 U.S.C. 1396d) is amended—

7 (1) in subsection (a)(16)—

8 (A) by striking “effective” and inserting
 9 “(A) effective”; and

10 (B) by inserting “, and (B) effective Janu-
 11 ary 1, 2018, residential addiction treatment fa-
 12 cility services (as defined in subsection (h)(3))
 13 for individuals over 21 years of age and under
 14 65 years of age” before the semicolon; and

15 (2) in subsection (h)—

16 (A) in paragraph (1), by striking “para-
 17 graph (16) of subsection (a)” and inserting
 18 “subsection (a)(16)(A)”; and

19 (B) by adding at the end the following new
 20 paragraph:

21 “(3)(A) For purposes of subsection (a)(16)(B),
 22 the term ‘residential addiction treatment facility
 23 services’ means inpatient services provided—

24 “(i) to an individual for the purpose of
 25 treating a substance use disorder that are fur-
 26 nished to an individual for not more than 2

1 consecutive periods of 30 consecutive days, pro-
2 vided that upon completion of the first 30-day
3 period, the individual is assessed by the facility
4 and determined to have progressed through the
5 clinical continuum of care, in accordance with
6 criteria established by the Secretary, in con-
7 sultation with the American Society of Addic-
8 tion Medicine, and requires continued medically
9 necessary treatment and social support services
10 to promote recovery, stable transition, and dis-
11 charge; and

12 “(ii) in a facility that—

13 “(I) does not have more than 40 beds;

14 and

15 “(II) is accredited for the treatment
16 of substance use disorders by the Joint
17 Commission on Accreditation of Healthcare
18 Organizations, the Commission on Accredi-
19 tation of Rehabilitation Facilities, the
20 Council on Accreditation, or any other na-
21 tionwide accrediting agency that the Sec-
22 retary deems appropriate.

23 “(B) The provision of medical assistance for
24 residential addiction treatment facility services to an
25 individual shall not prohibit Federal financial par-

1 ticipation for medical assistance for items or services
 2 that are provided to the individual in or away from
 3 the residential addiction treatment facility during
 4 any 30-day period in which the individual is receiv-
 5 ing residential addiction treatment facility services.

6 “(C) A woman who is eligible for medical as-
 7 sistance on the basis of being pregnant and who is
 8 furnished residential addiction treatment facility
 9 services during any 30-day period may remain eligi-
 10 ble for, and continue to be furnished with, such serv-
 11 ices for additional 30-day periods without regard to
 12 any eligibility limit that would otherwise apply to the
 13 woman as a result of her pregnancy ending, subject
 14 to assessment by the facility and a determination
 15 based on medical necessity related to substance use
 16 disorder and the impact of substance use disorder on
 17 birth outcomes.”.

18 (b) EFFECTIVE DATE.—The amendments made by
 19 this section shall apply to items and services furnished on
 20 or after January 1, 2018.

21 **SEC. 3. GRANT PROGRAM TO EXPAND YOUTH ADDICTION**
 22 **TREATMENT FACILITIES UNDER MEDICAID**
 23 **AND CHIP.**

24 (a) ESTABLISHMENT.—

1 (1) IN GENERAL.—The Secretary shall establish
2 a program under which the Secretary shall award
3 grants to States for the purpose of expanding the in-
4 frastructure and treatment capabilities, including
5 augmenting equipment and bed capacity, of eligible
6 youth addiction treatment facilities that provide ad-
7 diction treatment services to Medicaid or CHIP
8 beneficiaries who have not attained the age of 21
9 and are in communities with high numbers of medi-
10 cally underserved populations of at-risk youth.

11 (2) USE OF FUNDS.—Grant funds awarded
12 under this section may be used to expand the infra-
13 structure and treatment capabilities of an existing
14 facility (including through construction) but shall
15 not be used for the construction of any new facility
16 or for the provision of medical assistance or child
17 health assistance under Medicaid or CHIP.

18 (3) TIMETABLE FOR IMPLEMENTATION; DURA-
19 TION.—

20 (A) IMPLEMENTATION.—Not later than 1
21 year after the date of the enactment of this Act,
22 the Secretary shall award grants under the
23 grant program.

1 (B) DURATION.—The Secretary shall
2 award grants under the grant program for a
3 period not to exceed 5 years.

4 (b) APPLICATION.—A State seeking to participate in
5 the grant program shall submit to the Secretary, at such
6 time and in such manner as the Secretary shall require,
7 an application that includes—

8 (1) detailed information on the types of addi-
9 tional infrastructure and treatment capacity of eligi-
10 ble youth addiction treatment facilities that the
11 State proposes to fund under the grant program;

12 (2) a description of the communities in which
13 the eligible youth addiction treatment facilities fund-
14 ed under the grant program operate;

15 (3) an assurance that the eligible youth addic-
16 tion treatment facilities that the State proposes to
17 fund under the grant program shall give priority to
18 providing addiction treatment services to Medicaid
19 or CHIP beneficiaries who have not attained the age
20 of 21 and are in communities with high numbers of
21 medically underserved populations of at-risk youth;
22 and

23 (4) such additional information and assurances
24 as the Secretary shall require.

1 (c) RURAL AREAS.—Not less than 15 percent of the
2 amount of a grant awarded to a State under this section
3 shall be used for making payments to eligible youth addic-
4 tion treatment facilities that are located in rural areas or
5 that target the provision of addiction treatment services
6 to Medicaid or CHIP beneficiaries who have not attained
7 the age of 21 and reside in rural areas.

8 (d) DEFINITIONS.—For purposes of this section:

9 (1) ADDICTION TREATMENT SERVICES.—The
10 term “addiction treatment services” means services
11 provided to an individual for the purpose of treating
12 a substance use disorder.

13 (2) CHIP.—The term “CHIP” means the
14 State children’s health insurance program estab-
15 lished under title XXI of the Social Security Act (42
16 U.S.C. 1397aa et seq.).

17 (3) ELIGIBLE YOUTH ADDICTION TREATMENT
18 FACILITY.—The term “eligible youth addiction treat-
19 ment facility” means a facility that is a participating
20 provider under the State Medicaid or CHIP pro-
21 grams for purposes of providing medical assistance
22 or child health assistance to Medicaid or CHIP
23 beneficiaries for youth addiction treatment services
24 on an inpatient or outpatient basis (or both).

1 (4) MEDICAID.—The term “Medicaid” means
 2 the medical assistance program established under
 3 title XIX of the Social Security Act (42 U.S.C. 1396
 4 et seq.).

5 (5) MEDICAID OR CHIP BENEFICIARY.—The
 6 term “Medicaid or CHIP beneficiary” means an in-
 7 dividual who is enrolled in the State Medicaid plan,
 8 the State child health plan under CHIP, or under a
 9 waiver of either such plan.

10 (6) MEDICALLY UNDERSERVED POPU-
 11 LATIONS.—The term “medically underserved popu-
 12 lations” has the meaning given that term in section
 13 330(b)(3) of the Public Health Service Act (42
 14 U.S.C. 254b(b)(3)).

15 (7) SECRETARY.—The term “Secretary” means
 16 the Secretary of Health and Human Services.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—There
 18 are authorized to be appropriated \$50,000,000 to carry
 19 out the provisions of this section. Funds appropriated
 20 under this subsection shall remain available until ex-
 21 ended.

○