

115TH CONGRESS
1ST SESSION

H. R. 2337

To amend title XIX of the Social Security Act to provide for a State Medicaid option to enhance administrative matching funds to support statewide behavioral health access program activities for children under 21 years of age, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 3, 2017

Mr. LOEBACK (for himself, Mr. TONKO, Mr. ENGEL, Mrs. NAPOLITANO, and Mr. BEN RAY LUJÁN of New Mexico) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for a State Medicaid option to enhance administrative matching funds to support statewide behavioral health access program activities for children under 21 years of age, 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. COVERAGE OF STATEWIDE BEHAVIORAL**
4 **HEALTH ACCESS PROGRAM ACTIVITIES FOR**
5 **CHILDREN UNDER AGE 21.**

6 (a) CHILD BEHAVIORAL HEALTH ACCESS PROGRAM
7 ACTIVITIES FOR CHILDREN UNDER AGE 21.—Title XIX

1 of the Social Security Act is amended by adding at the
 2 end the following new section:

3 **“SEC. 1947. COVERAGE OF STATEWIDE BEHAVIORAL**
 4 **HEALTH ACCESS PROGRAM ACTIVITIES FOR**
 5 **CHILDREN UNDER AGE 21.**

6 “(a) IN GENERAL.—Notwithstanding section
 7 1902(a)(10)(B) (relating to comparability) and any other
 8 provision of this title for which the Secretary determines
 9 it is necessary to waive in order to implement this section,
 10 beginning January 1, 2017, a State, at its option as a
 11 State plan amendment, may provide for medical assistance
 12 under this title for child behavioral health access program
 13 activities.

14 “(b) DEFINITIONS.—In this section:

15 “(1) CHILD BEHAVIORAL HEALTH ACCESS AD-
 16 MINISTRATIVE PROGRAM ACTIVITIES.—The term
 17 ‘child behavioral health access administrative pro-
 18 gram activities’ means administrative activities that
 19 are carried out with respect to a child behavioral
 20 health access administrative program.

21 “(2) CHILD BEHAVIORAL HEALTH ACCESS AD-
 22 MINISTRATIVE PROGRAM.—The term ‘child behav-
 23 ioral health access administrative program’ means a
 24 program that, with respect to behavioral health serv-
 25 ices furnished to individuals under 21 years of age—

“(A) designs, develops, and implements an organized statewide or regional network of mental health professionals that may include child and adolescent psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners, and substance abuse counselors to expand the capacity of pediatric primary care providers to deliver family-centered behavioral health care;

“(B) conducts an assessment of critical child behavioral health consultation needs among pediatric primary care providers and their preferred mechanisms for receiving consultation and training and technical assistance;

“(C) develops an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric primary care providers, to track referrals for behavioral evaluation made by such providers, and to facilitate follow-up visits to such providers;

“(D) conducts training and provides technical assistance to pediatric primary care providers to support the prevention, early identification, diagnosis, treatment, and referral of

1 children with mental or behavioral health condi-
2 tions;

3 “(E) informs and assists pediatric pro-
4 viders in accessing child and adolescent psychi-
5 atry or behavioral health consultations, referral
6 for behavioral evaluation and treatment, and in
7 scheduling and conducting training and tech-
8 nical assistance;

9 “(F) informs children eligible to receive
10 medical assistance under this title and their
11 families about the availability of the assistance
12 available through the program;

13 “(G) establishes mechanisms for meas-
14 uring and monitoring increased access to child
15 and adolescent behavioral health activities by
16 pediatric primary care providers and expanded
17 capacity of pediatric primary care providers to
18 identify, treat, and refer children with mental
19 or behavioral health problems; and

20 “(H) establishes mechanisms for coordina-
21 tion with other State mental or behavioral
22 health resources for children and adolescents.

23 “(3) PEDIATRIC PRIMARY CARE PROVIDER.—
24 The term ‘pediatric primary care provider’ includes
25 a provider who is a general practitioner, family med-

1 icine physician, internal medicine physician, or pedi-
2 atrician.”.

3 (b) ENHANCED FMAP.—Section 1903(a) of the So-
4 cial Security Act (42 U.S.C. 1396b(a)) is amended—

5 (1) by redesignating paragraph (7) as para-
6 graph (8); and

7 (2) by inserting after paragraph (6) the fol-
8 lowing new paragraph:

9 “(7) for each calendar quarter during—

10 “(A) 2018, an amount equal to 100 per-
11 cent,

12 “(B) 2019, an amount equal to 90 percent,

13 “(C) 2020, an amount equal to 80 percent,

14 “(D) 2021, an amount equal to 70 per-
15 cent, and

16 “(E) 2022 and each year thereafter, an
17 amount equal to 60 percent,

18 of so much of the sums expended by the State plan
19 as are attributable to providing child behavioral
20 health access administrative program activities (as
21 defined in section 1947); plus”.

22 (c) EFFECTIVE DATE.—The amendments made in
23 this section shall apply to items and services furnished on

1 or after the date that is 90 days after the date of the
2 enactment of this Act.

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