

115TH CONGRESS
2D SESSION

S. 2904

To require the Secretary of Health and Human Services to provide guidance to States regarding Federal reimbursement for furnishing services and treatment for substance use disorders under Medicaid using telehealth services.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2018

Mr. CARPER (for himself, Mr. THUNE, Mr. NELSON, Mr. ROBERTS, Mr. WARNER, Mr. CORNYN, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To require the Secretary of Health and Human Services to provide guidance to States regarding Federal reimbursement for furnishing services and treatment for substance use disorders under Medicaid using telehealth services.

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 Substance
5 Use Disorder Treatment via Telehealth Act”.

1 **SEC. 2. GUIDANCE TO STATES REGARDING FEDERAL REIM-**
2 **BURSEMENT FOR FURNISHING SERVICES**
3 **AND TREATMENT FOR SUBSTANCE USE DIS-**
4 **ORDERS UNDER MEDICAID USING TELE-**
5 **HEALTH SERVICES, INCLUDING IN SCHOOL-**
6 **BASED HEALTH CENTERS.**

7 (a) IN GENERAL.—Not later than 1 year after the
8 date of enactment of this Act, the Secretary of Health and
9 Human Services, acting through the Administrator of the
10 Centers for Medicare & Medicaid Services, shall issue
11 guidance to States on the following:

12 (1) State options for Federal reimbursement of
13 expenditures under Medicaid for furnishing services
14 and treatment for substance use disorders, including
15 assessment, medication-assisted treatment, coun-
16 seling, and medication management, using telehealth
17 services. Such guidance shall also include guidance
18 on furnishing services and treatments that address
19 the needs of high risk individuals, including at least
20 the following groups:

21 (A) American Indians and Alaska Natives.

22 (B) Adults under the age of 40.

23 (C) Individuals with a history of nonfatal
24 overdose.

25 (2) State options for Federal reimbursement of
26 expenditures under Medicaid for education directed

1 to providers serving Medicaid beneficiaries with sub-
 2 stance use disorders using the hub and spoke model,
 3 through contracts with managed care entities,
 4 through administrative claiming for disease manage-
 5 ment activities, and under Delivery System Reform
 6 Incentive Payment (“DSRIP”) programs.

7 (3) State options for Federal reimbursement of
 8 expenditures under Medicaid for furnishing services
 9 and treatment for substance use disorders for indi-
 10 viduals enrolled in Medicaid in a school-based health
 11 center using telehealth services.

12 (b) DEFINITIONS.—In this Act:

13 (1) SCHOOL-BASED HEALTH CENTER.—The
 14 term “school-based health center” has the meaning
 15 given that term in section 2110(c)(9) of the Social
 16 Security Act (42 U.S.C. 1397jj(c)(9)).

17 (2) TELEHEALTH SERVICES.—The term “tele-
 18 health services” includes remote patient monitoring
 19 and other key modalities such as live video or syn-
 20 chronous telehealth, store-and-forward or asyn-
 21 chronous telehealth, mobile health, telephonic con-
 22 sultation, and electronic consult including provider-
 23 to-provider e-consults.

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