

the ages of 22 and 64 for inpatient services to treat substance use disorders at certain facilities, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1169

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Medicaid Coverage for Addiction Recovery Expansion Act”.

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

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)(16)—

(A) by striking “and, (B)” and inserting “, (B)”;

(B) by inserting “, and (C) effective January 1, 2019, residential addiction treatment facility services (as defined in subsection (h)(3)) for individuals over 21 years of age and under 65 years of age, if offered as part of a full continuum of evidence-based treatment services provided under the State plan, including residential, outpatient, and community-based care, for individuals with substance use disorders” before the semicolon; and

(2) in subsection (h)—

(A) in paragraph (1), by striking “paragraph (16) of subsection (a)” and inserting “subsection (a)(16)(A)”;

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

“(3)(A) For purposes of subsection (a)(16)(C), the term ‘residential addiction treatment facility services’ means, subject to subparagraph (B), inpatient services provided—

“(i) to an individual for the purpose of treating a substance use disorder that are furnished to an individual for not more than 2 consecutive periods of 30 consecutive days, provided that upon completion of the first 30-day period, the individual is assessed and determined to have progressed through the clinical continuum of care, in accordance with criteria established by the Secretary, in consultation with the American Society of Addiction Medicine, and requires continued medically necessary treatment and social support services to promote recovery, stable transition to ongoing treatment, and discharge; and

“(ii) in a facility that is accredited for the treatment of substance use disorders by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other accrediting agency that the Secretary deems appropriate as necessary to ensure nationwide applicability, including qualified national organizations and State-level accrediting agencies.

“(B) The State agency responsible for administering the State plan under this title shall establish procedures to ensure that, with respect to any facility providing residential addiction treatment facility services in a fiscal year, the average monthly number of beds used by the facility to provide such services during such year is not more than 40.

“(C) The provision of medical assistance for residential addiction treatment facility

services to an individual shall not prohibit Federal financial participation for medical assistance for items or services that are provided to the individual in or away from the residential addiction treatment facility during any 30-day period in which the individual is receiving residential addiction treatment facility services.

“(D) A woman who is eligible for medical assistance on the basis of being pregnant and who is furnished residential addiction treatment facility services during any 30-day period may remain eligible for, and continue to be furnished with, such services for additional 30-day periods without regard to any eligibility limit that would otherwise apply to the woman as a result of her pregnancy ending, subject to assessment by the facility and a determination based on medical necessity related to substance use disorder and the impact of substance use disorder on birth outcomes.”

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2019.

SEC. 3. GRANT PROGRAM TO EXPAND YOUTH ADDICTION TREATMENT FACILITIES UNDER MEDICAID AND CHIP.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary shall establish a program under which the Secretary shall award grants to States for the purpose of expanding the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of eligible youth addiction treatment facilities that provide addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and are in communities with high numbers of medically underserved populations of at-risk youth.

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

(3) TIMETABLE FOR IMPLEMENTATION; DURATION.—

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

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

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

(1) detailed information on the types of additional infrastructure and treatment capacity of eligible youth addiction treatment facilities that the State proposes to fund under the grant program;

(2) a description of the communities in which the eligible youth addiction treatment facilities funded under the grant program operate;

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

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

(c) RURAL AREAS.—Not less than 15 percent of the amount of a grant awarded to a State under this section shall be used for making payments to eligible youth addiction treat-

ment facilities that are located in rural areas or that target the provision of addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and reside in rural areas.

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

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

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

(3) ELIGIBLE YOUTH ADDICTION TREATMENT FACILITY.—The term “eligible youth addiction treatment facility” means a facility that is a participating provider under the State Medicaid or CHIP programs for purposes of providing medical assistance or child health assistance to Medicaid or CHIP beneficiaries for youth addiction treatment services on an inpatient or outpatient basis (or both).

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

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

(6) MEDICALLY UNDERSERVED POPULATIONS.—The term “medically underserved populations” has the meaning given that term in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)).

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

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$50,000,000 to carry out the provisions of this section. Funds appropriated under this subsection shall remain available until expended.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 167—RELATING TO THE RECOGNITION OF JERUSALEM AS THE CAPITAL OF ISRAEL AND THE RELOCATION OF THE UNITED STATES EMBASSY TO JERUSALEM

Mr. HELLER (for himself, Mr. GRAMM, Mr. RUBIO, and Mr. CRUZ) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 167

Whereas each sovereign nation, under international law and custom, may designate its own capital;

Whereas, since 1950, the city of Jerusalem has been the capital of the State of Israel;

Whereas the city of Jerusalem is the seat of Israel’s President, Parliament, Supreme Court, and the site of numerous government ministries and social and cultural institutions;

Whereas the city of Jerusalem is the spiritual center of Judaism and is also considered a holy city by members of other religious faiths;

Whereas Jerusalem must remain an undivided city in which the rights of every ethnic and religious group are protected as they have been by Israel since 1967;

Whereas, this year, we commemorate the 50th anniversary of the reunification of Jerusalem and reaffirm the congressional sentiment that Jerusalem must remain an undivided city;

Whereas every citizen of Israel should have the right to reside anywhere in the undivided city of Jerusalem;

Whereas the President and the Secretary of State should publicly affirm as a matter of United States policy that Jerusalem must remain the undivided capital of the State of Israel;

Whereas the President should immediately implement the provisions of the Jerusalem Embassy Act of 1995 (Public Law 104-45) and begin the process of relocating the United States Embassy in Israel to Jerusalem;

Whereas United States officials should refrain from any actions that contradict United States law on this subject; and

Whereas any official document of the United States Government which lists countries and their capital cities should identify Jerusalem as the capital of Israel: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) it should be the policy of the United States to recognize Jerusalem as the undivided capital of the State of Israel both de jure and de facto; and

(2) the United States Embassy should be relocated to Jerusalem.

SENATE RESOLUTION 168—SUPPORTING RESPECT FOR HUMAN RIGHTS AND ENCOURAGING INCLUSIVE GOVERNANCE IN ETHIOPIA

Mr. CARDIN (for himself, Mr. RUBIO, Mr. TILLIS, Mr. WYDEN, Mr. DURBIN, Mr. CORNYN, Ms. STABENOW, Mr. COONS, Mr. GARDNER, Mr. BOOKER, Mr. BROWN, Mr. FRANKEN, Mr. VAN HOLLEN, Mr. MERKLEY, and Mr. WARNER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 168

Whereas the first pillar of the 2012 United States Strategy Toward Sub-Saharan Africa is to strengthen democratic institutions, and the United States Agency for International Development Democracy, Human Rights, and Governance Strategy states that strong democratic institutions, respect for human rights, and participatory, accountable governance are crucial elements for improving people's lives in a sustainable way;

Whereas the third pillar of the 2012 United States Strategy Toward Sub-Saharan Africa is to advance peace and security, including supporting security sector reform;

Whereas democratic space in Ethiopia has steadily diminished since the general elections of 2005;

Whereas elections were held in 2015 in which the ruling Ethiopian People's Revolutionary Democratic Front and its affiliates claimed 100 percent of parliamentary seats;

Whereas the 2016 Department of State Human Rights Report on Ethiopia cited serious human rights violations, including arbitrary arrests, killings, rape, and torture committed by security forces as well as increased restrictions on freedom of expression and freedom of association, politically motivated trials, harassment, intimidation, and arrest of opposition members and journalists;

Whereas the Government of Ethiopia has repeatedly abused laws such as the 2009 Anti-Terrorism Proclamation to limit press free-

dom, silence independent journalists, and persecute members of the political opposition;

Whereas laws such as the 2009 Charities and Societies Proclamation have been used to restrict the operation of civil society and nongovernmental organizations in Ethiopia across a range of purposes, particularly those investigating alleged violations of human rights by governmental authorities;

Whereas the case of the "Zone 9 Bloggers", whose arrest and detention in 2014 and subsequent trials on terrorism charges brought international attention to the restrictions on press freedom in Ethiopia, is indicative of the coercive environment in which journalists continue to operate;

Whereas the arrest, detention, and demeaning treatment of hundreds of dissidents, including leaders of legally registered opposition parties such as Bekele Gerba, arrested in December 2015, and Merera Gudina, arrested in November 2016, of the Oromo Federalist Congress, Yonatan Tesfaye Regassa, arrested in December 2015, of the Semayawi Party (the Blue Party), and the arrest and sentencing of Okello Akway Ochalla, former governor of the Gambella region, are indicative of repressive political conditions that prevail in the country;

Whereas the Ethiopian Human Rights Council reported last year at least 102 protestor deaths from November 2015 to February 2016 across 9 administrative zones, Human Rights Watch reports that Ethiopian security forces have killed at least 500 peaceful protestors, and Amnesty International reported that more than 800 protesters have been killed since November 2015 and that number is likely higher;

Whereas, on October 9, 2016, the Government of Ethiopia imposed a far-reaching, six-month State of Emergency that restricted a broad range of actions, including blocking mobile Internet access and social media communications, undermining freedoms of association, expression, and peaceful assembly, which led to the arrest of over 26,000 persons, and which was extended by four months on March 30, 2017;

Whereas, on October 10, 2016, the United Nations Special Rapporteur on freedom of peaceful assembly and of association and the United Nations Working Group on enforced or involuntary disappearances and on extrajudicial, summary or arbitrary executions publicly called on the Government of Ethiopia to allow an international commission of inquiry to investigate the protests and the violence used against peaceful demonstrators;

Whereas former detainees report torture, lack of rations, and other forms of serious abuse in detention facilities;

Whereas state-sponsored violence against citizens exercising their rights to peaceful assembly in Oromia and elsewhere in the country, and the abuse of laws to stifle journalistic and political freedoms, stand in direct contrast to democratic principles and in violation of Ethiopia's constitution;

Whereas serious abuses have been and continue to be committed in the Somali regional state by Ethiopian federal and regional security forces, some of which may constitute war crimes and crimes against humanity;

Whereas to date, the Government of Ethiopia has held no one accountable for any of the aforementioned abuses; and

Whereas, during President Barack Obama's historic visit to Addis Ababa in July 2015, Prime Minister Hailemariam Desalegn expressed his government's commitment to deepen the democratic process and work towards the respect of human rights and improving governance, and noted the need to step up efforts to strengthen institutions,

but the Government of Ethiopia has failed to take concrete actions to follow through with this commitment: Now, therefore be it

Resolved, That the Senate—

(1) condemns—

(A) killings of peaceful protesters and excessive use of force by Ethiopian security forces;

(B) arrest and detention of journalists, students, activists and political leaders who exercise their constitutional rights to freedom of assembly and expression through peaceful protests; and

(C) abuse of the Anti-Terrorism Proclamation to stifle political and civil dissent and journalistic freedoms;

(2) urges protesters in Ethiopia to refrain from violence, and to refrain from encouraging or accepting any and all violence in demonstrations;

(3) calls on the Government of Ethiopia to—

(A) fully lift the state of emergency;

(B) end the practice of excessive force by security forces;

(C) grant the United Nations High Commissioner for Human Rights and United Nations Special Rapporteurs full access to conduct a comprehensive independent examination of the state of human rights in Ethiopia;

(D) conduct a full, credible, and transparent investigation into the killings and instances of excessive use of force that took place as a result of protests in the Oromia and Amhara regions and hold security forces accountable for wrongdoing through public proceedings, and to publicly release the findings through a written report;

(E) release all dissidents, members of the political opposition, activists, and journalists who have been jailed, including those arrested for reporting about the protests, for exercising constitutional rights;

(F) respect the right to freedom of peaceful assembly and guarantee freedom of the press and mass media in keeping with Articles 30 and 29 of the Ethiopian constitution;

(G) engage in open and transparent consultations relative to its development strategy, especially those strategies that could result in people's displacement from land, offering those displaced from their land the right to seek remedy or redress in courts and providing a transparent means to access justice for those displaced; and

(H) repeal proclamations that—

(i) can be used as a political tool to harass individuals or organizations that engage in peaceful political dissent or advocate for greater political freedoms; or

(ii) prohibit or otherwise limit funding for civil society organizations working on, supporting, or advocating for respect for constitutional rights, the rule of law, and protection of human rights;

(4) calls on the Secretary of State to share with Congress the results of a review of security assistance to Ethiopia in light of these developments and to improve transparency with respect to the purposes of such assistance to the people of Ethiopia;

(5) calls on the Administrator of the United States Agency for International Development to immediately lead efforts to develop a comprehensive strategy to support improved democracy and governance in Ethiopia;

(6) calls on the Secretary of State, in conjunction with the Administrator of the United States Agency for International Development, to improve oversight and accountability of United States assistance to Ethiopia pursuant to expectations established in the President's 2012 Strategy Toward Sub-Saharan Africa;

(7) calls on the President to apply appropriate sanctions on foreign persons or entities responsible for extrajudicial killings,