

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5797
OFFERED BY MR. FOSTER OF ILLINOIS**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

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

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

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

10 (1) in subsection (a)(16)—

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

13 (B) by inserting “, and (C) effective Janu-
14 ary 1, 2019, residential addiction treatment fa-
15 cility services (as defined in subsection (h)(3))
16 for individuals over 21 years of age and under
17 65 years of age, if offered as part of a full con-
18 tinuum of evidence-based treatment services

1 provided under the State plan, including resi-
2 dential, outpatient, and community-based care,
3 for individuals with substance use disorders”
4 before the semicolon; and

5 (2) in subsection (h)—

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

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

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

15 “(i) to an individual for the purpose of treating
16 a substance use disorder that are furnished to an in-
17 dividual for not more than 2 consecutive periods of
18 30 consecutive days, provided that upon completion
19 of the first 30-day period, the individual is assessed
20 and determined to have progressed through the clin-
21 ical continuum of care, in accordance with criteria
22 established by the Secretary, in consultation with the
23 American Society of Addiction Medicine, and re-
24 quires continued medically necessary treatment and

1 social support services to promote recovery, stable
2 transition to ongoing treatment, and discharge; and

3 “(ii) in a facility that is accredited for the
4 treatment of substance use disorders by the Joint
5 Commission on Accreditation of Healthcare Organi-
6 zations, the Commission on Accreditation of Reha-
7 bilitation Facilities, the Council on Accreditation, or
8 any other accrediting agency that the Secretary
9 deems appropriate as necessary to ensure nationwide
10 applicability, including qualified national organiza-
11 tions and State-level accrediting agencies.

12 “(B) The State agency responsible for administering
13 the State plan under this title shall establish procedures
14 to ensure that, with respect to any facility providing resi-
15 dential addiction treatment facility services in a fiscal
16 year, the average monthly number of beds used by the fa-
17 cility to provide such services during such year is not more
18 than 40.

19 “(C) The provision of medical assistance for residen-
20 tial addiction treatment facility services to an individual
21 shall not prohibit Federal financial participation for med-
22 ical assistance for items or services that are provided to
23 the individual in or away from the residential addiction
24 treatment facility during any 30-day period in which the

1 individual is receiving residential addiction treatment fa-
2 cility services.

3 “(D) A woman who is eligible for medical assistance
4 on the basis of being pregnant and who is furnished resi-
5 dential addiction treatment facility services during any 30-
6 day period may remain eligible for, and continue to be fur-
7 nished with, such services for additional 30-day periods
8 without regard to any eligibility limit that would otherwise
9 apply to the woman as a result of her pregnancy ending,
10 subject to assessment by the facility and a determination
11 based on medical necessity related to substance use dis-
12 order and the impact of substance use disorder on birth
13 outcomes.”.

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

17 **SEC. 3. GRANT PROGRAM TO EXPAND YOUTH ADDICTION**
18 **TREATMENT FACILITIES UNDER MEDICAID**
19 **AND CHIP.**

20 (a) **ESTABLISHMENT.**—

21 (1) **IN GENERAL.**—The Secretary shall establish
22 a program under which the Secretary shall award
23 grants to States for the purpose of expanding the in-
24 frastructure and treatment capabilities, including
25 augmenting equipment and bed capacity, of eligible

1 youth addiction treatment facilities that provide ad-
2 diction treatment services to Medicaid or CHIP
3 beneficiaries who have not attained the age of 21
4 and are in communities with high numbers of medi-
5 cally underserved populations of at-risk youth.

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

13 (3) TIMETABLE FOR IMPLEMENTATION; DURA-
14 TION.—

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

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

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

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

5 (2) a description of the communities in which
6 the eligible youth addiction treatment facilities fund-
7 ed under the grant program operate;

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

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

18 (c) RURAL AREAS.—Not less than 15 percent of the
19 amount of a grant awarded to a State under this section
20 shall be used for making payments to eligible youth addie-
21 tion treatment facilities that are located in rural areas or
22 that target the provision of addiction treatment services
23 to Medicaid or CHIP beneficiaries who have not attained
24 the age of 21 and reside in rural areas.

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

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

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

9 (3) ELIGIBLE YOUTH ADDICTION TREATMENT
10 FACILITY.—The term “eligible youth addiction treat-
11 ment facility” means a facility that is a participating
12 provider under the State Medicaid or CHIP pro-
13 grams for purposes of providing medical assistance
14 or child health assistance to Medicaid or CHIP
15 beneficiaries for youth addiction treatment services
16 on an inpatient or outpatient basis (or both).

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

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

1 (6) MEDICALLY UNDERSERVED POPU-
2 LATIONS.—The term “medically underserved popu-
3 lations” has the meaning given that term in section
4 330(b)(3) of the Public Health Service Act (42
5 U.S.C. 254b(b)(3)).

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

8 (e) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated \$50,000,000 to carry
10 out the provisions of this section. Funds appropriated
11 under this subsection shall remain available until ex-
12 pended.

Amend the title so as to read: “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.”.

