To amend title XIX of the Social Security Act to provide States with the option to provide medical assistance for addiction treatment services to individuals between the ages of 21 and 64 with substance use disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. PORTMAN introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title XIX of the Social Security Act to provide States with the option to provide medical assistance for addiction treatment services to individuals between the ages of 21 and 64 with substance use disorders, 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 “Improving Coverage
5 for Addiction Recovery Expansion Act”.

Sec. 2. State option to provide Medicaid coverage for addiction treatment services; modification of the IMD exclusion.

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

(1) in subsection (a)—

(A) in paragraph (28), by striking “and” after the semicolon;

(B) by redesignating paragraph (29) as paragraph (30); and

(C) by inserting after paragraph (28), the following new paragraph: and

“(29) addiction treatment services (as defined in subsection (ee) and furnished in accordance with that subsection) for individuals over 20 years of age and under 65 years of age, that are offered as part of a full continuum of evidence-based treatment services provided under the State plan for individuals with substance use disorders; and”;

(D) in the subdivision (B) that follows paragraph (30) (as redesignated by subparagraph (B) of this paragraph), by inserting “(other than addiction treatment services provided in accordance with paragraph (29) and subsection (ee))” after “care or services”; and
(2) by adding at the end the following new subsection:

“(ee) ADDICTION TREATMENT SERVICES.—

“(1) IN GENERAL.—For purposes of subsection (a)(29), the term ‘addiction treatment services’ means inpatient services provided—

“(A) to an individual for the purpose of treating a substance use disorder that are furnished for not more than 90 days in any 12 month period to an individual who—

“(i) has received initial assessments to determine the appropriate level of care, length of stay, and setting for such care for the individual based upon criteria established by the Secretary in consultation with the multidimensional criteria of the American Society of Addiction Medicine; and

“(ii) at appropriate, evidence-based intervals (and in no case less than once every 30 days) after the first day on which such services are provided to the individual, is subsequently reassessed and determined to continue to require such services to promote the individual’s recovery
and stable transition to ongoing treatment
in an outpatient setting; and
“(B) in a facility that—
“(i) is licensed by the Single State
Agency for Substance Abuse Services of
the State in which it is located;
“(ii) is accredited for the treatment of
substance use disorders by the Joint Com-
misson on Accreditation of Healthcare Or-
ganizations, the Commission on Accredit-
tion of Rehabilitation Facilities, the Coun-
cil on Accreditation, or any other accred-
iting agency that the Secretary deems ap-
propriate as necessary to ensure nation-
wide applicability;
“(iii) employs a provider who can pre-
scribe and discuss with patients the risks,
benefits, and alternatives of at least 2
medications approved by the Food and
Drug Administration to treat addiction in-
volving opioids, including one antagonist
and one partial agonist; and
“(iv) contracts with an opioid treat-
ment program (as defined in section 8.2 of
title 42, Code of Federal Regulations, or
any successor regulation) for the purposes of offering methadone as a medication option to treat addiction.

“(2) OTHER MEDICAL ASSISTANCE.—The provision of medical assistance for addiction treatment 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 facility in which the addiction treatment services are provided during any period in which the individual is receiving addiction treatment services.

“(3) ENSURING A CONTINUUM OF CARE.—As a condition for a State furnishing medical assistance for addiction treatment services in accordance with subsection (a)(29) and this subsection, the State shall—

“(A) notify the Secretary of how the State will ensure that individuals receive appropriate clinical screening prior to being furnished with addiction treatment services, including the initial assessments described in paragraph (1)(A)(i);

“(B) in order to ensure an appropriate transition from addiction treatment services to
other substance use disorder treatment services
at a lower level of clinical intensity within the
continuum of care (including outpatient serv-
cices), ensure that all facilities that furnish ad-
diction treatment services under the State plan—

“(i) are able to provide such other
substance use disorder treatment services;
or

“(ii) have an established relationship
with another substance use disorder treat-
ment facility or qualified provider that
meets the licensing requirement of para-
graph (1)(B)(i) and accepts patients re-
ceiving medical assistance under this title
under which the facility furnishing addic-
tion treatment services may arrange for in-
dividuals to receive such other substance
use disorder treatment services from such
other facility or provider.

“(4) MINIMUM COVERAGE REQUIREMENTS.—As
a condition for a State furnishing medical assistance
for addiction treatment services in accordance with
subsection (a)(29) and this subsection, the State
shall provide medical assistance under the State plan
for services associated with at least 6 of the 9 levels of care set forth by the American Society of Addiction Medicine in its publication entitled ‘The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-Occurring Conditions’.

“(5) MAINTENANCE OF EFFORT.—

“(A) IN GENERAL.—As a condition for a State furnishing medical assistance for addiction treatment services in accordance with subsection (a)(29) and this subsection, the State shall—

“(i) during the period in which the State furnishes such medical assistance, maintain at least the number of licensed beds used for the provision of substance use disorder treatment services at institutions for mental diseases owned, operated, or contracted for by the State that were being maintained as of the date of the enactment of this subsection or, if higher, as of the date the State applies to the Secretary to include such medical assistance under the State plan or under a waiver of such plan; and
“(ii) during the period in which the State furnishes such medical assistance, maintain on an annual basis a level of funding expended by the State (and political subdivisions thereof) other than under this title from non-Federal funds—

“(I) for inpatient services furnished for the purpose of treating a substance use disorder in institutions for mental diseases that is not less than the level of such funding for such services and care as of the date of the enactment of this subsection or, if higher, as of the date the State applies to the Secretary to include such medical assistance under the State plan or under a waiver of such plan; and

“(II) for specified non-IMD services described in subparagraph (B) that is not less than the level of such funding for such services as of the date of the enactment of this subsection or, if higher, as of the date the State applies to the Secretary to in-
clude such medical assistance under
the State plan or under a waiver of
such plan.

“(B) SPECIFIED NON-IMD SERVICES DESCRIBED.—For purposes of subparagraph
(A)(ii)(II), specified non-IMD services described
in this subparagraph are the following:

“(i) Inpatient services, other than
such services described in subparagraph
(A)(ii)(I).

“(ii) Outpatient and community-based
services for individuals who are furnished
addiction treatment services, such as—

“(I) substance use disorder treat-
ment;

“(II) evidence-based recovery and
support services, including short-term
detoxification services;

“(III) clinically-directed thera-
petic treatment to facilitate recovery
skills, relapse prevention, and emo-
tional coping strategies;

“(IV) addiction pharmacotherapy
and drug screening;
“(V) counseling and clinical monitoring;

“(VI) withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from, or occurring with, an individual’s use of alcohol and other drugs; and

“(VII) routine monitoring of the medication adherence of such individuals.

“(6) APPLICATION TO MANAGED CARE.—Payments for, and limitations to, medical assistance furnished in accordance with subsection (a)(29) and this subsection shall be in addition to and shall not be construed to limit or supersede the ability of States to make monthly capitation payments to managed care organizations for individuals receiving treatment in institutions for mental diseases in accordance with section 438.6(e) of title 42, Code of Federal Regulations (or any successor regulation).”.