

115TH CONGRESS
2D SESSION

S. _____

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”.

1 **SEC. 2. STATE OPTION TO PROVIDE MEDICAID COVERAGE**
2 **FOR ADDICTION TREATMENT SERVICES;**
3 **MODIFICATION OF THE IMD EXCLUSION.**

4 Section 1905 of the Social Security Act (42 U.S.C.
5 1396d) is amended—

6 (1) in subsection (a)—

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

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

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

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

20 (D) in the subdivision (B) that follows
21 paragraph (30) (as redesignated by subpara-
22 graph (B) of this paragraph), by inserting
23 “(other than addiction treatment services pro-
24 vided in accordance with paragraph (29) and
25 subsection (ee))” after “care or services”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(ee) ADDICTION TREATMENT SERVICES.—

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

7 “(A) to an individual for the purpose of
8 treating a substance use disorder that are fur-
9 nished for not more than 90 days in any 12
10 month period to an individual who—

11 “(i) has received initial assessments to
12 determine the appropriate level of care,
13 length of stay, and setting for such care
14 for the individual based upon criteria es-
15 tablished by the Secretary in consultation
16 with the multidimensional criteria of the
17 American Society of Addiction Medicine;
18 and

19 “(ii) at appropriate, evidence-based
20 intervals (and in no case less than once
21 every 30 days) after the first day on which
22 such services are provided to the indi-
23 vidual, is subsequently reassessed and de-
24 termined to continue to require such serv-
25 ices to promote the individual’s recovery

1 and stable transition to ongoing treatment
2 in an outpatient setting; and

3 “(B) in a facility that—

4 “(i) is licensed by the Single State
5 Agency for Substance Abuse Services of
6 the State in which it is located;

7 “(ii) is accredited for the treatment of
8 substance use disorders by the Joint Com-
9 mission on Accreditation of Healthcare Or-
10 ganizations, the Commission on Accredita-
11 tion of Rehabilitation Facilities, the Coun-
12 cil on Accreditation, or any other accred-
13 iting agency that the Secretary deems ap-
14 propriate as necessary to ensure nation-
15 wide applicability;

16 “(iii) employs a provider who can pre-
17 scribe and discuss with patients the risks,
18 benefits, and alternatives of at least 2
19 medications approved by the Food and
20 Drug Administration to treat addiction in-
21 volving opioids, including one antagonist
22 and one partial agonist; and

23 “(iv) contracts with an opioid treat-
24 ment program (as defined in section 8.2 of
25 title 42, Code of Federal Regulations, or

1 any successor regulation) for the purposes
2 of offering methadone as a medication op-
3 tion to treat addiction.

4 “(2) OTHER MEDICAL ASSISTANCE.—The provi-
5 sion of medical assistance for addiction treatment
6 services to an individual shall not prohibit Federal
7 financial participation for medical assistance for
8 items or services that are provided to the individual
9 in or away from the facility in which the addiction
10 treatment services are provided during any period in
11 which the individual is receiving addiction treatment
12 services.

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

18 “(A) notify the Secretary of how the State
19 will ensure that individuals receive appropriate
20 clinical screening prior to being furnished with
21 addiction treatment services, including the ini-
22 tial assessments described in paragraph
23 (1)(A)(i);

24 “(B) in order to ensure an appropriate
25 transition from addiction treatment services to

1 other substance use disorder treatment services
2 at a lower level of clinical intensity within the
3 continuum of care (including outpatient serv-
4 ices), ensure that all facilities that furnish ad-
5 diction treatment services under the State
6 plan—

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

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

21 “(4) MINIMUM COVERAGE REQUIREMENTS.—As
22 a condition for a State furnishing medical assistance
23 for addiction treatment services in accordance with
24 subsection (a)(29) and this subsection, the State
25 shall provide medical assistance under the State plan

1 for services associated with at least 6 of the 9 levels
2 of care set forth by the American Society of Addic-
3 tion Medicine in its publication entitled ‘The ASAM
4 Criteria: Treatment Criteria for Addictive Sub-
5 stance-Related, and Co-Occurring Conditions’.

6 “(5) MAINTENANCE OF EFFORT.—

7 “(A) IN GENERAL.—As a condition for a
8 State furnishing medical assistance for addic-
9 tion treatment services in accordance with sub-
10 section (a)(29) and this subsection, the State
11 shall—

12 “(i) during the period in which the
13 State furnishes such medical assistance,
14 maintain at least the number of licensed
15 beds used for the provision of substance
16 use disorder treatment services at institu-
17 tions for mental diseases owned, operated,
18 or contracted for by the State that were
19 being maintained as of the date of the en-
20 actment of this subsection or, if higher, as
21 of the date the State applies to the Sec-
22 retary to include such medical assistance
23 under the State plan or under a waiver of
24 such plan; and

1 clude such medical assistance under
2 the State plan or under a waiver of
3 such plan.

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

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

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

14 “(I) substance use disorder treat-
15 ment;

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

19 “(III) clinically-directed thera-
20 peutic treatment to facilitate recovery
21 skills, relapse prevention, and emo-
22 tional coping strategies;

23 “(IV) addiction pharmacotherapy
24 and drug screening;

1 “(V) counseling and clinical mon-
2 itoring;

3 “(VI) withdrawal management
4 and related treatment designed to al-
5 leviate acute emotional, behavioral,
6 cognitive, or biomedical distress re-
7 sulting from, or occurring with, an in-
8 dividual’s use of alcohol and other
9 drugs; and

10 “(VII) routine monitoring of the
11 medication adherence of such individ-
12 uals.

13 “(6) APPLICATION TO MANAGED CARE.—Pay-
14 ments for, and limitations to, medical assistance fur-
15 nished in accordance with subsection (a)(29) and
16 this subsection shall be in addition to and shall not
17 be construed to limit or supersede the ability of
18 States to make monthly capitation payments to
19 managed care organizations for individuals receiving
20 treatment in institutions for mental diseases in ac-
21 cordance with section 438.6(e) of title 42, Code of
22 Federal Regulations (or any successor regulation).”.