

115TH CONGRESS
2D SESSION

H. R. 5789

To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and post-partum women while receiving inpatient treatment for a substance use disorder, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2018

Mr. FOSTER (for himself and Mr. GUTHRIE) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and post-partum women while receiving inpatient treatment for a substance use disorder, 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,*

1 **SECTION 1. MEDICAID COVERAGE PROTECTION FOR PREG-**
2 **NANT AND POST-PARTUM WOMEN WHILE RE-**
3 **CEIVING INPATIENT TREATMENT FOR A SUB-**
4 **STANCE USE DISORDER; STATE OPTION FOR**
5 **COVERAGE OF ROOM AND BOARD FOR**
6 **CERATIN INFANTS WITH NEONATAL ABSTI-**
7 **NENCE SYNDROME.**

8 (a) MEDICAID COVERAGE FOR PREGNANT AND POST-
9 PARTUM WOMEN WHILE RECEIVING INPATIENT TREAT-
10 MENT FOR A SUBSTANCE USE DISORDER.—

11 (1) IN GENERAL.—Section 1905(a) of the So-
12 cial Security Act (42 U.S.C. 1396d(a)) is amended
13 by adding at the end the following new sentence: “In
14 the case of a woman who is eligible for medical as-
15 sistance on the basis of being pregnant (including
16 through the end of the month in which the 60-day
17 period beginning on the last day of her pregnancy
18 ends) (or is eligible for medical assistance on an-
19 other basis and is pregnant or was pregnant during
20 the previous one-year period (in this sentence, such
21 a woman shall be referred to as an ‘other pathway
22 eligible pregnant woman’)), who is a patient in an
23 institution for mental diseases for purposes of re-
24 ceiving treatment for a substance use disorder, and
25 who was enrolled for medical assistance under the
26 State plan immediately before becoming a patient in

1 an institution for mental diseases or who becomes el-
2 igible to enroll for such medical assistance while
3 such a patient, the exclusion specified in the subdivi-
4 sion (B) following paragraph (29) of the first sen-
5 tence shall not be construed as prohibiting Federal
6 financial participation for medical assistance for
7 items or services that are provided to the woman
8 outside of the institution during, in the case of a
9 woman who is eligible for medical assistance on the
10 basis of being pregnant, the period of such eligibility
11 on such basis and through the end of the month in
12 which the one-year period beginning on the last day
13 of her pregnancy ends (and, in the case of an other
14 pathway eligible pregnant woman, the period during
15 which the woman satisfies the description of being
16 such an other pathway eligible pregnant woman, in-
17 cluding through the end of the month in which the
18 one-year period beginning on the last day of her
19 pregnancy ends) to the extent such items or services
20 would be treated as medical assistance for such
21 woman during such period if such woman were not
22 a patient in the institution.”.

23 (2) EFFECTIVE DATE.—

24 (A) IN GENERAL.—Except as provided in
25 subparagraph (B), the amendment made by

1 paragraph (1) shall take effect with respect to
2 medical assistance provided on or after January
3 1, 2019.

(B) EXCEPTION IF STATE LEGISLATION REQUIRED.—In the case of a State plan under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by paragraph (1), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

24 (b) MEDICAID STATE PLAN OPTION TO ENTER INTO
25 PROVIDER AGREEMENTS WITH RESIDENTIAL PEDIATRIC

1 RECOVERY CENTERS.—Section 1902 of the Social Secu-
2 rity Act (42 U.S.C. 1396a) is amended—

3 (1) in subsection (a)—

4 (A) in paragraph (82), by striking “and”
5 at the end;

6 (B) in paragraph (83), by striking the pe-
7 riod at the end and inserting “; and”; and

8 (C) by inserting after paragraph (83) the
9 following new paragraph:

10 “(84) at the option of the State and in accord-
11 ance with paragraph (2) of subsection (nn), begin-
12 ning January 1, 2019, for making medical assist-
13 ance available on an inpatient or outpatient basis at
14 a residential pediatric recovery center (as defined in
15 paragraph (1) of such subsection) for infants who
16 are under 1 year of age with neonatal abstinence
17 syndrome.”; and

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

20 “(nn) RESIDENTIAL PEDIATRIC RECOVERY CEN-
21 TER.—

22 (1) DEFINITION.—For purposes of subsection
23 (a)(84), the term ‘residential pediatric recovery cen-
24 ter’ means a center or facility that—

1 “(A) provides comprehensive treatment to
2 infants who are under 1 year of age with a di-
3 agnosis of neonatal abstinence syndrome, which
4 includes at least access to early and periodic
5 screening, diagnostic and treatment; physician
6 and nursing services; supportive counseling;
7 comprehensive evaluation and assessment and
8 service planning by State licensed counselors or
9 social workers; targeted case management serv-
10 ices by State licensed or educated professionals;
11 education and supportive counseling and case
12 management of family members of such infants;
13 room and board costs for such infants; and fa-
14 cilitation of arrangements within such facilities
15 whereby such infants reside with their mother
16 when applicable; and

17 “(B) provides treatment services in accord-
18 ance with guidelines issued by the American
19 Academy of Pediatrics and American College of
20 Obstetricians and Gynecologists relating to ma-
21 ternal care and infant care with respect to neo-
22 natal abstinence syndrome.

23 “(2) CLARIFICATION.—Nothing in subsection
24 (a)(84) shall be construed as including as medical
25 assistance room and board services for any indi-

1 vidual other than an infant described in such sub-
2 section.”.

3 (c) GUIDANCE.—Not later than one year after the
4 date of the enactment of this Act, the Secretary of Health
5 and Human Services shall issue guidance to improve care
6 for infants with neonatal abstinence syndrome and their
7 mothers. Such guidance shall include—

8 (1) the types of services, including post-dis-
9 charge services and parenting supports, for mothers
10 and fathers of babies with neonatal abstinence syn-
11 drome that States may cover under the Medicaid
12 program under title XIX of the Social Security Act;

13 (2) best practices from States with respect to
14 innovative or evidenced-based payment models that
15 focus on prevention, screening, treatment, plans of
16 safe care, and post-discharge services for mothers
17 and fathers with substance use disorders and babies
18 with neonatal abstinence syndrome that improve
19 care and clinical outcomes;

20 (3) recommendations for States on available fi-
21 nancing options under the Medicaid program under
22 title XIX of such Act and under the Children’s
23 Health Insurance Program under title XXI of such
24 Act for Children’s Health Insurance Program
25 Health Services Initiative funds for home visiting

1 services for parents with substance use disorders
2 and infants with neonatal abstinence syndrome; and
3 (4) guidance and technical assistance to State
4 Medicaid agencies regarding additional flexibilities
5 and incentives related to screening, prevention, and
6 post-discharge services, including parenting sup-
7 ports, under contracts with Medicaid managed care
8 organizations.

9 (d) GAO STUDY.—Not later than one year after the
10 date of the enactment of this Act, the Comptroller General
11 of the United States shall conduct a study, and submit
12 to Congress a report, addressing gaps in coverage for
13 pregnant women with substance use disorder under the
14 Medicaid program under title XIX of the Social Security
15 Act, and gaps in coverage for postpartum women with sub-
16 stance use disorder who had coverage during their preg-
17 nancy under the Medicaid program under such title.

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