To amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2018

MRS. MIMI WALTERS OF CALIFORNIA (FOR HERSELF, MR. KNIGHT, 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 allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases.

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 “Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Delivery Act” or the “IMD CARE Act”.
SEC. 2. MEDICAID STATE PLAN OPTION TO PROVIDE SERVICES FOR CERTAIN INDIVIDUALS WITH OPIOID USE DISORDERS IN INSTITUTIONS FOR MENTAL DISEASES.

Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following new subsection:

“(l) State Plan Option To Provide Services for Certain Individuals in Institutions for Mental Diseases.—

“(1) In general.—With respect to calendar quarters beginning during the period beginning January 1, 2019, and ending December 31, 2023, a State may elect, through a State plan amendment, to, notwithstanding section 1905(a), provide medical assistance for services furnished in institutions for mental diseases to eligible individuals with opioid use disorders, in accordance with the requirements of this subsection.

“(2) Payments.—

“(A) In general.—Amounts expended under a State plan amendment under paragraph (1) for services described in such paragraph furnished, with respect to a 12-month period, in an institution for mental diseases to an eligible individual with an opioid use disorder...
shall be treated as medical assistance for which payment is made under section 1903(a) but only to the extent that, subject to subparagraph (B), such services are furnished for not more than a period of 30 days (whether or not consecutive) during such 12-month period.

“(B) LIMITATIONS.—Payment for expenditures described in subparagraph (A), with respect to services described in paragraph (1) furnished in an institution for mental diseases to an eligible individual with an opioid use disorder during a 12-month period, shall not be made under section 1903(a) with respect to such services furnished during any period exceeding 30 consecutive days during such 12-month period, unless the State requires under the State plan amendment continued medically necessary treatment during the entire period for which such services are furnished and for which payment is made pursuant to this paragraph in order to promote recovery, stable transition to ongoing treatment, and discharge.

“(C) CLARIFICATION.—Payment made under this paragraph for expenditures under a State plan amendment under this subsection
with respect to services described in paragraph (1) furnished to an eligible individual with an opioid use disorder shall not affect payment that would otherwise be made under section 1903(a) for expenditures under the State plan (or waiver of such plan) for medical assistance for such individual.

“(3) Information required in State plan amendment.—

“(A) In general.—A State electing to provide medical assistance pursuant to this subsection shall include with the submission of the State plan amendment under paragraph (1) to the Secretary—

“(i) a plan on how the State will improve access to outpatient care during the period of the State plan amendment, including a description of—

“(I) the process by which eligible individuals with opioid use disorders will make the transition from receiving inpatient services in an institution for mental diseases to appropriate outpatient care; and
“(II) the process the State will undertake to ensure individuals with opioid use disorder are provided care in the most integrated setting appropriate to the needs of the individuals; and

“(ii) a description of how the State plan amendment ensures an appropriate clinical screening of eligible individuals with an opioid use disorder, including assessments to determine level of care and length of stay recommendations based upon the multidimensional assessment criteria of the American Society of Addiction Medicine.

“(B) REPORT.—Not later than one year after the date of the termination of a State plan amendment under this subsection, the State shall submit to the Secretary a report that includes at least—

“(i) the number of eligible individuals with opioid use disorders who received services pursuant to such plan;
“(ii) the length of the stay of each such individual in an institution for mental diseases; and

“(iii) the type of outpatient treatment, including medication-assisted treatment, each such individual received after being discharged from such institution.

“(4) DEFINITIONS.—In this subsection:

“(A) ELIGIBLE INDIVIDUAL WITH AN OPIOID USE DISORDER.—The term ‘eligible individual with an opioid use disorder’ means an individual who—

“(i) with respect to a State, is enrolled for medical assistance under the State plan (or a waiver of such plan);

“(ii) is at least 21 years of age;

“(iii) has not attained 65 years of age; and

“(iv) has been diagnosed with at least one opioid use disorder.

“(B) INSTITUTION FOR MENTAL DISEASES.—The term ‘institution for mental diseases’ has the meaning given such term in section 1905(i).
“(C) OPIOID PRESCRIPTION PAIN RELIEVER.—The term ‘opioid prescription pain reliever’ includes hydrocodone products, oxycodone products, tramadol products, codeine products, morphine products, fentanyl products, buprenorphine products, oxymorphone products, meperidine products, hydromorphone products, methadone, and any other prescription pain reliever identified by the Assistant Secretary for Mental Health and Substance Use.

“(D) OPIOID USE DISORDER.—The term ‘opioid use disorder’ means a disorder that meets the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for heroin use disorder or pain reliever use disorder (including with respect to opioid prescription pain relievers).”