

Union Calendar No. 552

115TH CONGRESS
2^D SESSION

H. R. 5800

[Report No. 115–717]

To require the Medicaid and CHIP Payment and Access Commission to conduct an exploratory study and report on requirements applicable to and practices of institutions for mental diseases under the Medicaid program.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2018

Mr. UPTON (for himself and Mrs. MIMI WALTERS of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

JUNE 8, 2018

Additional sponsors: Mrs. BLACKBURN and Mr. WALDEN

JUNE 8, 2018

Committed to the Committee of the Whole House on the State of the Union
and ordered to be printed

A BILL

To require the Medicaid and CHIP Payment and Access Commission to conduct an exploratory study and report on requirements applicable to and practices of institutions for mental diseases under the Medicaid program.

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 “Medicaid Institutes
 5 for Mental Disease Are Decisive in Delivering Inpatient
 6 Treatment for Individuals but Opportunities for Needed
 7 Access are Limited without Information Needed about Fa-
 8 cility Obligations Act” or the “Medicaid IMD ADDI-
 9 TIONAL INFO Act”.

10 **SEC. 2. MACPAC EXPLORATORY STUDY AND REPORT ON IN-**
 11 **STITUTIONS FOR MENTAL DISEASES RE-**
 12 **QUIREMENTS AND PRACTICES UNDER MED-**
 13 **ICAID.**

14 (a) IN GENERAL.—Not later than January 1, 2020,
 15 the Medicaid and CHIP Payment and Access Commission
 16 established under section 1900 of the Social Security Act
 17 (42 U.S.C. 1396) shall conduct an exploratory study,
 18 using data from a representative sample of States, and
 19 submit to Congress a report on at least the following infor-
 20 mation, with respect to services furnished to individuals
 21 enrolled under State plans under the Medicaid program
 22 under title XIX of such Act (42 U.S.C. 1396 et seq.) (or
 23 waivers of such plans) who are patients in institutions for
 24 mental diseases and for which payment is made through

1 fee-for-service or managed care arrangements under such
2 State plans (or waivers):

3 (1) A description of such institutions for mental
4 diseases in each such State, including at a min-
5 imum—

6 (A) the number of such institutions in the
7 State;

8 (B) the facility type of such institutions in
9 the State; and

10 (C) any coverage limitations under each
11 such State plan (or waiver) on scope, duration,
12 or frequency of such services.

13 (2) With respect to each such institution for
14 mental diseases in each such State, a description
15 of—

16 (A) such services provided at such institu-
17 tion;

18 (B) the process, including any timeframe,
19 used by such institution to clinically assess and
20 reassess such individuals; and

21 (C) the discharge process used by such in-
22 stitution, including any care continuum of rel-
23 evant services or facilities provided or used in
24 such process.

25 (3) A description of—

1 (A) any Federal waiver that each such
2 State has for such institutions and the Federal
3 statutory authority for such waiver; and

4 (B) any other Medicaid funding sources
5 used by each such State for funding such insti-
6 tutions, such as supplemental payments.

7 (4) A summary of State requirements (such as
8 certification, licensure, and accreditation) applied by
9 each such State to such institutions in order for
10 such institutions to receive payment under the State
11 plan (or waiver) and how each such State deter-
12 mines if such requirements have been met.

13 (5) A summary of State standards (such as
14 quality standards, clinical standards, and facility
15 standards) that such institutions must meet to re-
16 ceive payment under such State plans (or waivers)
17 and how each such State determines if such stand-
18 ards have been met.

19 (6) Recommendations for actions by Congress
20 and the Centers for Medicare & Medicaid Services.
21 such as how State Medicaid programs may improve
22 care and improve standards and including a rec-
23 ommendation for how the Centers for Medicare &
24 Medicaid Services can improve data collection from
25 such programs to address any gaps in information.

1 (b) STAKEHOLDER INPUT.—In carrying out sub-
2 section (a), the Medicaid and CHIP Payment and Access
3 Commission shall seek input from State Medicaid direc-
4 tors and stakeholders, including at a minimum the Sub-
5 stance Abuse and Mental Health Services Administration,
6 Centers for Medicare & Medicaid Services, State Medicaid
7 officials, State mental health authorities, Medicaid bene-
8 ficiary advocates, health care providers, and Medicaid
9 managed care organizations.

10 (c) DEFINITIONS.—In this section:

11 (1) REPRESENTATIVE SAMPLE OF STATES.—
12 The term “representative sample of States” means
13 a non-probability sample in which at least two
14 States are selected based on the knowledge and pro-
15 fessional judgment of the selector.

16 (2) STATE.—The term “State” means each of
17 the 50 States, the District of Columbia, and any
18 commonwealth or territory of the United States.

19 (3) INSTITUTION FOR MENTAL DISEASES.—The
20 term “institution for mental diseases” has the mean-
21 ing given such term in section 435.1009 of title 42,
22 Code of Federal Regulations, or any successor regu-
23 lation.

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