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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XIX of the Social Security Act to revise the IMD exclusion
under Medicaid.

IN THE HOUSE OF REPRESENTATIVES

Mr. GOLDMAN of New York introduced the following bill; which was referred
to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to revise
the IMD exclusion under Medicaid.

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 “Supporting 9–8–8 Cri-
5 sis Stabilization Act”.

6 **SEC. 2. REVISIONS TO THE IMD EXCLUSION UNDER MED-**
7 **ICAID.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-
9 rity Act (42 U.S.C. 1396d) is amended—

1 (1) in subsection (i)—

2 (A) by striking “The term” and inserting
3 the following: “(1) Subject to paragraph (2),
4 the term”; and

5 (B) by adding at the end the following new
6 paragraph:

7 “(2) Beginning the day after the date of the en-
8 actment of this paragraph, the term ‘institution for
9 mental diseases’ does not include—

10 “(A) a clinic certified by the State as a
11 certified community behavioral health clinic for
12 purposes of participating in a demonstration
13 program conducted under section 223(d) of the
14 Protecting Access to Medicare Act of 2014;

15 “(B) a community mental health center
16 that meets the criteria specified in section
17 1913(c) of the Public Health Service Act;

18 “(C) a crisis receiving and stabilization fa-
19 cility (as defined in subsection (ll)(1)); or

20 “(D) a mental health and substance use
21 urgent care facility (as defined in subsection
22 (ll)(2)).”; and

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

1 “(II) CRISIS RECEIVING AND STABILIZATION FACIL-
2 ITY; MENTAL HEALTH AND SUBSTANCE USE URGENT
3 CARE FACILITY.—

4 “(1) CRISIS RECEIVING AND STABILIZATION FA-
5 CILITY.—For purposes of subsection (i)(2), the term
6 ‘crisis receiving and stabilization facility’ means a
7 facility that—

8 “(A) is licensed or certified to furnish cri-
9 sis response services under applicable State law;

10 “(B) is available to provide services 24
11 hours a day and 7 days a week;

12 “(C) provides patients with, at a minimum,
13 23 hours of observation and assessment serv-
14 ices, followed by 48 hours of crisis stabilization
15 services (including withdrawal management and
16 24-hour medical monitoring);

17 “(D) does not deny or limit services on the
18 basis of a patient’s ability to pay, place of resi-
19 dence, prior engagement with the criminal jus-
20 tice system, acuity of mental health or sub-
21 stance use condition, intellectual or develop-
22 mental disability, age, or related factors;

23 “(E) applies a schedule of discounts to the
24 payment of fees or charges for the provision of

1 its services, which are adjusted on the basis of
2 the patient's ability to pay;

3 “(F) accepts patient referrals from law en-
4 forcement officers, emergency medical per-
5 sonnel, and family members; and

6 “(G) maintains an average length of stay
7 of less than 150 hours.

8 “(2) MENTAL HEALTH AND SUBSTANCE USE
9 URGENT CARE FACILITY.—For purposes of sub-
10 section (i)(2), the term ‘mental health and substance
11 use urgent care facility’ means a facility where indi-
12 viduals experiencing a mental or behavioral health
13 crisis may walk in without an appointment to receive
14 crisis assessment services, crisis intervention serv-
15 ices, medication, and connection to other appropriate
16 services.”.

17 (b) GUIDANCE.—Not later than 180 days after the
18 date of enactment of this section, the Secretary of Health
19 and Human Services shall issue guidance to States relat-
20 ing to the implementation of the amendments made by
21 subsection (a).

22 (c) REPORT.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date of the enactment of this section, the Sec-
25 retary, in collaboration with the Attorney General

1 and any other relevant Federal officials (as deter-
2 mined by the Secretary), shall submit to Congress a
3 report that includes the following:

4 (A) Information with respect to the utiliza-
5 tion of crisis receiving and stabilization facilities
6 during the period following such date of enact-
7 ment, including—

8 (i) the number of patients served;

9 (ii) the type and duration of facility-
10 based services;

11 (iii) the number of referrals to com-
12 munity-based outpatient care;

13 (iv) any trends observed in referrals
14 made by law enforcement agencies to such
15 facilities; and

16 (v) any other data relevant to assess-
17 ing the ability for these facilities to divert
18 mental health and substance use disorder
19 emergencies from law enforcement re-
20 sponse.

21 (B) An analysis of the extent to which ac-
22 cess to crisis receiving and stabilization facili-
23 ties is associated with—

24 (i) reduced admissions to hospital
25 emergency rooms;

1 (ii) adverted admissions and readmis-
2 sions to psychiatric hospitals and other fa-
3 cilities defined as Institutions for Mental
4 Diseases; and

5 (iii) decreased rates of incarceration
6 in penal facilities operated by a State or
7 county.

8 (2) CRISIS RECEIVING AND STABILIZATION FA-
9 CILITY DEFINED.—In this subsection, the term “cri-
10 sis receiving and stabilization facility” has the mean-
11 ing given such term in subsection (ll) of section
12 1905 of the Social Security Act (42 U.S.C. 1396d).