

S. 599

Improving Access to Emergency Psychiatric Care Act of 2015

Current law:

Medicaid is a joint federal-state program that finances the delivery of primary and acute medical services, as well as long-term services and supports, for a diverse low-income population, including children, pregnant women, adults, individuals with disabilities, and people aged 65 and older. A long-standing policy under Medicaid, called the institutions for mental disease (IMD) exclusion, prohibits the federal government from providing federal Medicaid matching funds to states for services rendered to Medicaid eligible individuals aged 21 through 64 who are patients in IMDs. Section 2707 of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148 as amended) established a three-year Medicaid demonstration project in which eligible states provide Medicaid payments to certain IMDs for services provided to Medicaid enrollees, aged 21 through 64, who require medical assistance to stabilize a psychiatric emergency medical condition. To participate in the demonstration, an IMD must be (1) *not* publicly owned or operated and (2) subject to the Emergency Medical Treatment and Active Labor Act (EMTALA, P.L. 99-272). The Secretary of Health and Human Services selected eleven states and the District of Columbia to participate in the demonstration in March 2012 based in part on geographic diversity, and the demonstration began July 1, 2012. The demonstration was funded with \$75 million in FY2011, and these funds are available for obligation through December 31, 2015.

S. 599, as modified:

The bill would temporarily extend the Medicaid Emergency Psychiatric Demonstration for states already participating in the demonstration through September 30, 2016, provided that it meets the budget neutrality requirements as described below. Then, if the Secretary of Health and Human Services (HHS) recommends extending and expanding the demonstration, the legislation would extend the demonstration through December 31, 2019, subject to the budget

neutrality requirements as described below. In April 2019, the Secretary of HHS would be required to make a recommendation to Congress regarding the permanent extension and expansion of the demonstration, but congressional approval would be required to permanently extend or expand the demonstration.

The bill would allow the demonstration funding to be available until expended rather than expiring on December 31, 2015, and the bill would provide \$100,000 to the Centers for Medicare & Medicaid Services (CMS) Program Management to carry out the demonstration.

States would be able to continue (for states already participating) and begin (for new states) participation in the demonstration if the Secretary of HHS and the Chief Actuary of CMS project that participation of the state would *not* increase Medicaid expenditures. The Secretary of HHS will provide notice of projections to the states. Also, the bill would require the Secretary of HHS to annually review each state's demonstration expenditures to ensure the state's participation in the demonstration has *not* increased net Medicaid expenditures.

The bill would allow publicly-owned IMDs to participate in the demonstration.