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(Original Signature of Member)

115TH CONGRESS
1ST SESSION

H. R. _____

To amend title XIX of the Social Security Act to provide for a State Medicaid option to enhance administrative matching funds to support statewide behavioral health access program activities for children under 21 years of age, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. LOEBSACK introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to provide for a State Medicaid option to enhance administrative matching funds to support statewide behavioral health access program activities for children under 21 years of age, 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. COVERAGE OF STATEWIDE BEHAVIORAL**
2 **HEALTH ACCESS PROGRAM ACTIVITIES FOR**
3 **CHILDREN UNDER AGE 21.**

4 (a) CHILD BEHAVIORAL HEALTH ACCESS PROGRAM
5 ACTIVITIES FOR CHILDREN UNDER AGE 21.—Title XIX
6 of the Social Security Act is amended by adding at the
7 end the following new section:

8 **“SEC. 1947. COVERAGE OF STATEWIDE BEHAVIORAL**
9 **HEALTH ACCESS PROGRAM ACTIVITIES FOR**
10 **CHILDREN UNDER AGE 21.**

11 “(a) IN GENERAL.—Notwithstanding section
12 1902(a)(10)(B) (relating to comparability) and any other
13 provision of this title for which the Secretary determines
14 it is necessary to waive in order to implement this section,
15 beginning January 1, 2017, a State, at its option as a
16 State plan amendment, may provide for medical assistance
17 under this title for child behavioral health access program
18 activities.

19 “(b) DEFINITIONS.—In this section:

20 “(1) CHILD BEHAVIORAL HEALTH ACCESS AD-
21 MINISTRATIVE PROGRAM ACTIVITIES.—The term
22 ‘child behavioral health access administrative pro-
23 gram activities’ means administrative activities that
24 are carried out with respect to a child behavioral
25 health access administrative program.

1 “(2) CHILD BEHAVIORAL HEALTH ACCESS AD-
2 MINISTRATIVE PROGRAM.—The term ‘child behav-
3 ioral health access administrative program’ means a
4 program that, with respect to behavioral health serv-
5 ices furnished to individuals under 21 years of age—

6 “(A) designs, develops, and implements an
7 organized statewide or regional network of men-
8 tal health professionals that may include child
9 and adolescent psychiatrists, psychologists, so-
10 cial workers, psychiatric nurses, nurse practi-
11 tioners, and substance abuse counselors to ex-
12 pand the capacity of pediatric primary care pro-
13 viders to deliver family-centered behavioral
14 health care;

15 “(B) conducts an assessment of critical
16 child behavioral health consultation needs
17 among pediatric primary care providers and
18 their preferred mechanisms for receiving con-
19 sultation and training and technical assistance;

20 “(C) develops an online database and com-
21 munication mechanisms, including telehealth, to
22 facilitate consultation support to pediatric pri-
23 mary care providers, to track referrals for be-
24 havioral evaluation made by such providers, and
25 to facilitate follow-up visits to such providers;

1 “(D) conducts training and provides tech-
2 nical assistance to pediatric primary care pro-
3 viders to support the prevention, early identi-
4 fication, diagnosis, treatment, and referral of
5 children with mental or behavioral health condi-
6 tions;

7 “(E) informs and assists pediatric pro-
8 viders in accessing child and adolescent psychi-
9 atry or behavioral health consultations, referral
10 for behavioral evaluation and treatment, and in
11 scheduling and conducting training and tech-
12 nical assistance;

13 “(F) informs children eligible to receive
14 medical assistance under this title and their
15 families about the availability of the assistance
16 available through the program;

17 “(G) establishes mechanisms for meas-
18 uring and monitoring increased access to child
19 and adolescent behavioral health activities by
20 pediatric primary care providers and expanded
21 capacity of pediatric primary care providers to
22 identify, treat, and refer children with mental
23 or behavioral health problems; and

1 “(H) establishes mechanisms for coordina-
2 tion with other State mental or behavioral
3 health resources for children and adolescents.

4 “(3) PEDIATRIC PRIMARY CARE PROVIDER.—
5 The term ‘pediatric primary care provider’ includes
6 a provider who is a general practitioner, family med-
7 icine physician, internal medicine physician, or pedi-
8 atrician.”.

9 (b) ENHANCED FMAP.—Section 1903(a) of the So-
10 cial Security Act (42 U.S.C. 1396b(a)) is amended—

11 (1) by redesignating paragraph (7) as para-
12 graph (8); and

13 (2) by inserting after paragraph (6) the fol-
14 lowing new paragraph:

15 “(7) for each calendar quarter during—

16 “(A) 2018, an amount equal to 100 per-
17 cent,

18 “(B) 2019, an amount equal to 90 percent,

19 “(C) 2020, an amount equal to 80 percent,

20 “(D) 2021, an amount equal to 70 per-
21 cent, and

22 “(E) 2022 and each year thereafter, an
23 amount equal to 60 percent,

24 of so much of the sums expended by the State plan
25 as are attributable to providing child behavioral

1 health access administrative program activities (as
2 defined in section 1947); plus”.

3 (c) EFFECTIVE DATE.—The amendments made in
4 this section shall apply to items and services furnished on
5 or after the date that is 90 days after the date of the
6 enactment of this Act.