

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 2646
OFFERED BY M . _____**

Add at the appropriate place the following:

1 **SEC. ____ . SENSE OF CONGRESS THAT MEDICAID EXPAN-**
2 **SION IS THE MOST IMPORTANT MEASURE TO**
3 **EXPAND ACCESS TO MENTAL HEALTH AND**
4 **ADDICTION TREATMENT, AND THAT STATES'**
5 **FAILURE TO EXPAND MEDICAID PREVENTS**
6 **LOW-INCOME INDIVIDUALS FROM GETTING**
7 **BEHAVIORAL HEALTH CARE.**

8 (a) FINDINGS.—Congress finds the following:

9 (1) The Medicaid program under title XIX of
10 the Social Security Act is the largest payor of behav-
11 ioral health services in the United States.

12 (2) Research has shown that—

13 (A) low-income individuals disproportion-
14 ately experience behavioral health conditions
15 and may have difficulty accessing care; and

16 (B) according to the Kaiser Family Foun-
17 dation, mental illness is more than twice as
18 prevalent among individuals receiving medical
19 assistance under the Medicaid program as it is

1 in the general population, and roughly 49 per-
2 cent of the individuals receiving such medical
3 assistance who have disabilities also have a psy-
4 chiatric illness.

5 (3) According to the Centers for Medicare &
6 Medicaid Services, since 20 States that have, as of
7 the date of the enactment of this Act, declined to
8 provide medical assistance to individuals described in
9 subclause (VIII) of section 1902(a)(10)(A)(i) of
10 such Act (42 U.S.C. 1396a(a)(10)(A)(i)) pursuant
11 to the State plan under such title (or under a waiver
12 of the plan approved under section 1115 of such Act
13 (42 U.S.C. 1315)), millions of uninsured adults are
14 left with mental health and substance use conditions
15 and are unable to obtain coverage to treat such con-
16 ditions.

17 (4) In 2014, According to the American Mental
18 Health Counselors Association, an estimated
19 570,000 adults over the age of 18 and under the age
20 of 64 who have been diagnosed with serious mental
21 illness, serious psychological stress, or substance use
22 disorders sought, but were unable to receive care, for
23 such conditions because they resided in States that
24 did not elect to provide the medical assistance de-
25 scribed in paragraph (3), for which the Federal Gov-

1 ernment would have paid the State 100 percent of
2 the State's costs for treatment of such disorders.

3 (5) An estimated 350,000 adults with serious
4 mental illness, serious psychological stress, or sub-
5 stance use disorders residing in States that did pro-
6 vide the medical assistance described in paragraph
7 (3) were able to get treatment in such States.

8 (6) According to a study published in June
9 2015 by the Comptroller General of the United
10 States—

11 (A) States that have chosen to provide the
12 medical assistance described in paragraph (3)
13 are better able to provide for treatment for low-
14 income individuals suffering from mental health
15 and addiction than States that did not so
16 choose;

17 (B) with respect to States that have cho-
18 sen to provide such medical assistance, behav-
19 ioral health officials reported that the provision
20 of such medical assistance increased the quality
21 and availability of treatment options to low-in-
22 come individuals; and

23 (C) with respect to States that did not
24 choose to provide such medical assistance, State
25 behavioral health agencies have been forced to

1 add uninsured individuals to waiting lists and
2 send them away without receiving care.

3 (7) With respect to any financial burden on
4 States that have made the election to provide med-
5 ical assistance described in paragraph (3)—

6 (A) studies have shown that such election
7 does not impose substantial financial burdens
8 on States;

9 (B) the Congressional Budget Office has
10 estimate that such election will add very little to
11 what States would have spent on carrying out
12 the Medicaid program, because the Federal
13 Government will bear nearly 93 percent of the
14 State's costs incurred as a result of such elec-
15 tion over the first 9 years of implementation of
16 that election;

17 (C) the additional cost to States in imple-
18 menting such election represents a mere 2.8
19 percent increase in what the States would have
20 expended to carry out the Medicaid program
21 during the period beginning in 2014 and ending
22 in 2022;

23 (D) such 2.8 percent increase significantly
24 overstates the net impact on State budgets, be-
25 cause it does not reflect the savings that State

1 and local governments will realize in other
2 health care spending on uninsured individuals;

3 (E) the Urban Institute has estimated that
4 overall State savings with respect to such elec-
5 tion will total between \$26,000,000,000 and
6 \$52,000,000,000 over the period consisting of
7 2014 through 2019; and

8 (F) the Lewin Group estimates that State
9 and local government will save
10 \$101,000,000,000 in expenditures for uncom-
11 pensated care as a result of such election.

12 (b) SENSE OF CONGRESS.—It is the Sense of Con-
13 gress that—

14 (1) the expansion of the Medicaid program
15 under title XIX of the Social Security Act pursuant
16 to subclause (VIII) of section 1902(a)(10)(A)(i) of
17 such Act (42 U.S.C. 1396a(a)(10)(A)(i)) is the sin-
18 gle most important vehicle to expand access to men-
19 tal health and addiction treatment services;

20 (2) States that do not elect to provide medical
21 assistance to individuals described in such subclause
22 pursuant to the State plan under such title (or
23 under a waiver of the plan approved under section
24 1115 of such Act (42 U.S.C. 1315)) prevent low-in-

1 come individuals from accessing and receiving such
2 services; and

3 (3) all States should elect to provide medical as-
4 sistance, as described in paragraph (2), in accord-
5 ance with the amendments made by title II of the
6 Patient Protection and Affordable Care Act (Public
7 Law 111–148) to title XIX of the Social Security
8 Act.

