

# National Association for Behavioral Healthcare



Access. Care. Recovery.

Rep. Tom Emmer  
315 Cannon House Office Building  
Washington, DC 20515

16 January 2019

Dear Representative Emmer:

Behavioral health will never break free from blame, shame, and stigma until mental health and substance use disorder treatment is reimbursed in the same way as general medical treatment. The *Expanding Access to Inpatient Mental Health Act (HR 5006)* will help bring this change to the Medicaid program. On behalf of the National Association for Behavioral Healthcare (NABH), thank you for introducing this bold and forward-thinking legislation.

Since 1965, Medicaid's Institutions for Mental Diseases (IMD) exclusion has prohibited federal payments for Medicaid beneficiaries between the ages of 21 and 64 at inpatient or residential behavioral healthcare facilities with more than 16 beds. This exclusion only applies to behavioral healthcare diagnoses. No other diagnosis-based exclusion exists in the Medicaid program.

This policy originated at a time when behavioral health conditions were not considered medical conditions. Today we recognize behavioral health conditions as diseases that require access to the full continuum of behavioral healthcare, including inpatient care, partial hospitalization, residential treatment, and outpatient services. Yet, the IMD exclusion still blocks access to inpatient and residential care for Medicaid beneficiaries.

In 2016 the Center for Medicare & Medicare Services' (CMS) changed how the IMD exclusion applies to managed Medicaid programs. Since then, that change has permitted Medicaid managed care states to receive payments for an enrollee in an IMD if the patient's stay is no longer than 15 days in a month. We are pleased that this change has allowed thousands of new low-income patients to receive treatment. Still, the arbitrary 15-day cap too often prevents patients from receiving the care they need if those patients lack coverage beyond 15 days.

We strongly support the *Expanding Access to Inpatient Mental Health Act (HR 5006)* because this legislation improves on the changes made in 2016 by removing the 15-day cap. Closing this coverage gap will allow patients and their treatment teams to decide on the appropriate length of stay. NABH supports this effort and thanks you for introducing this critical piece of legislation.

We look forward to working with you to ensure the House of Representatives passes the *Expanding Access to Inpatient Mental Health Act* and this important bill becomes law.

Sincerely,

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*The National Association for Behavioral Healthcare (NABH) advocates for behavioral healthcare and represents provider systems that treat children, adolescents, adults, and older adults with mental health and substance use disorders in more than 1,800 inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs, medication assisted treatment centers, specialty behavioral healthcare programs, and recovery support services. The association was founded in 1933.*

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