

SUPPORT FOR H.R. 8575 (GOLDMAN) – MICHELLE ALYSSA GO ACT

Within the U.S. health care system, significant disparities and gaps in coverage for the treatment of people with serious mental illnesses continue to persist. Congress has taken a number of positive steps in recent decades to improve access to behavioral services, including enacting the 2008 Mental Health Parity and Addiction Equity Act, which aims to ensure that insurance coverage for behavioral health conditions is no more restrictive than coverage for medical conditions, and making other significant investments in programs that support the behavioral continuum of care. However, there is still a significant gap in coverage for low-income individuals in need of inpatient or residential behavioral health treatment as a result of the long-standing Medicaid Institutions for Mental Disease (IMD) exclusion.

The Medicaid IMD payment exclusion was incorporated into the original Medicaid statute in 1965 to prevent states from shifting the entire costs of their state mental hospitals onto the new federal program. It prohibits federal Medicaid for services provided for adults, ages 21 to 64, receiving treatment in an IMD. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily focused on treating mental illness, as well as substance use disorder. As currently understood, this rule exists, in part, to encourage the delivery of behavioral health care in community settings, rather than in large institutions, but it has inadvertently contributed to a serious shortage of behavioral health care treatment beds.

The County is committed to providing individuals with the most appropriate care in the most appropriate setting, and the IMD exclusion limits the County's ability to develop needed inpatient and residential care for those with serious mental illness and substance use disorders. Far too often, individuals who need IMD care instead experience repeat hospitalizations, homelessness, and episodes of incarceration. To meet the growing need for services, the County needs to build treatment facilities in greater than 16-bed increments. However, for a County as large as Los Angeles, the 16-bed capacity limit disproportionately restricts our ability to effectively scale up our behavioral health services.

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MOTION

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The County has long advocated for reform related to the IMD exclusion, including supporting H.R. 1201, the Increasing Behavioral Health Treatment Act, IMD reform legislation from Congresswoman Grace Napolitano, and urging the State to apply for an Medicaid Section 1115 demonstration waiver to permit Medicaid coverage for short term stays in IMDs, among other things. The County has also championed policy resolutions adopted by the National Association of Counties (NACo) to make IMD exclusion reform a national priority. Specifically, IMD exclusion reform is a focal point of NACo's National Commission of Mental Health and Well-Being.

Congressman Daniel Goldman has introduced H.R. 8575, the "Michelle Alyssa Go Act," which is a critical legislation that would raise the limit for a facility to be eligible for Medicaid coverage, from 16 in-patient psychiatric beds to 36. This would more than double the beds eligible to be funded by federal Medicaid in statute. H.R. 8575 enables facilities to increase their bed capacity while maintaining nationally recognized, evidence-based quality of care standards, thus promoting equitable access to mental health treatment for low-income individuals and empowering the County to further develop its continuum of care.

I, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS direct the Chief Executive Office Legislative Affairs and Intergovernmental Relations Branch, to support H.R. 8575, the "Michelle Alyssa Go Act," or similar measures.

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