

Congress of the United States
House of Representatives
Washington, DC 20515-3215

April 23, 2021

The Honorable Rosa DeLauro
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Washington, DC 20515

Dear Chair DeLauro and Ranking Member Cole:

As you begin to work on the Fiscal Year 2022 Labor, Health and Human Services, and Education Appropriations bill, we respectfully urge the Committee to include report language requesting the Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services (CMS) publish a report within 180 days of the date of enactment of this Act examining how repealing the prohibition on federal Medicaid funding for services rendered to nonelderly, Medicaid-eligible adults who are patients in institutions of mental disease would affect the mental healthcare system and patient treatment options.

Originally enacted in 1965, Medicaid's institutions for mental disease (IMD) exclusion prohibits the federal government from providing funding to states for services for certain Medicaid-eligible individuals who are patients in IMDs, typically aged 21 through 64.¹ An institution for mental disease is defined as a psychiatric hospital, nursing facility, or other facility with more than 16 beds dedicated to providing diagnosis, treatment, and care of individuals with mental diseases.²

This exclusion is not just bad policy, it severely impacts an individual's ability to access critical treatment. In 2019, one in five American adults lived with mental illness which includes many different conditions that vary in degree of severity.³ One in eight visits to an emergency room are due to a mental health or substance use condition.⁴ Yet, due to a limited number of psychiatric beds, these emergency providers often have no place to send a person experiencing a mental health crisis. By excluding in-patient coverage for care provided in IMDs, the current Medicaid policy is only exacerbating the issue. While states have recently been given the option to cover short-term

¹ Alison Mitchell, *Medicaid's Institutions for Mental Disease (IMD) Exclusion*, (Congressional Research Services, 2019), 1. Available at <https://ushouse-my.sharepoint.com/personal/ny1>

² Mitchell, *Medicaid's Institutions*, 1.
<https://www.crs.gov/Reports/>

³ National Institute of Mental Health, *Mental Illness*, (2021). <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

⁴ Audrey J. Weiss, Ph.D. et al., *Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013*, (Agency for Healthcare Research and Quality, 2016) <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf>

stays in psychiatric hospitals by applying for a waiver from the federal government, the IMD exclusion should be permanently removed to rectify this unequal treatment.

We request that you please include the following language in the Committee's FY 2022 report:

"The Committee notes the importance of removing arbitrary and discriminatory limits to critical health care in the United States. Medicaid-eligible individuals with mental health issues should have their treatment covered just like individuals with any other medical condition.

The Committee directs the Administrator of the Centers for Medicare and Medicaid Services to issue a report within 180 days examining how repealing Medicaid's IMD exclusion could improve access to and quality of mental health services in our health care system. An emphasis should be placed on how repealing the IMD exclusion would impact mental health services for nonelderly, Medicaid-eligible adults, especially those between the ages of 21 and 64. The report would also provide an updated cost estimate of repealing the exclusion, guidance to states and the federal government on accommodating the expanded service, and a description of the methodology and results of the analysis as well as a summary of the data.

The Centers for Medicare and Medicaid Services shall continue to update the House Committee on Energy and Commerce and the Senate Health, Education, Labor, and Pensions Committee regarding their timeline and process for analyzing data and for publishing the report publicly."

We appreciate your leadership on this issue and thank you for considering this request.

Sincerely,



Ritchie Torres
Member of Congress



Tom Emmer
Member of Congress