

118TH CONGRESS
1ST SESSION

H. R. 2400

To amend title XIX of the Social Security Act to allow States to make medical assistance available to inmates during the 30-day period preceding their release.

IN THE HOUSE OF REPRESENTATIVES

MARCH 30, 2023

Mr. TONKO (for himself, Mr. TURNER, Mr. TRONE, Mr. RUTHERFORD, Ms. UNDERWOOD, Mr. FITZPATRICK, Ms. BLUNT ROCHESTER, Mr. BACON, Ms. SCHAKOWSKY, Mr. JOYCE of Ohio, Ms. KUSTER, Mr. CURTIS, Mr. VEASEY, and Mr. ARMSTRONG) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to allow States to make medical assistance available to inmates during the 30-day period preceding their release.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Reentry Act of 2023”.

1 **SEC. 2. ALLOWING FOR MEDICAL ASSISTANCE UNDER MED-**
2 **ICAID FOR INMATES DURING 30-DAY PERIOD**
3 **PRECEDING RELEASE.**

4 (a) **IN GENERAL.**—The subdivision (A) following the
5 last numbered paragraph of section 1905(a) of the Social
6 Security Act (42 U.S.C. 1396d(a)) is amended by insert-
7 ing “or in the case of any individual during the 30-day
8 period preceding the date of release of such individual
9 from such public institution” before “);”.

10 (b) **REPORT.**—Not later than 18 months after the
11 date of enactment of this Act, the Medicaid and CHIP
12 Payment and Access Commission shall submit a report to
13 Congress on the Medicaid inmate exclusion under the sub-
14 division (A) following the last numbered paragraph of sec-
15 tion 1905(a) of the Social Security Act (42 U.S.C.
16 1396d(a)). Such report shall, to the extent practicable, in-
17 clude the following information:

18 (1) **PROVISION OF CARE IN CORRECTIONAL**
19 **SETTINGS.**—An analysis and description of stand-
20 ards for health and safety for individuals who are in-
21 mates of correctional facilities, the health care pro-
22 vided to such individuals, and the physical environ-
23 ment in which health care is provided to such indi-
24 viduals, which may include the following:

25 (A) An assessment of access to health care
26 for incarcerated individuals, including a descrip-

1 tion of medical and behavioral health services
2 generally available to incarcerated individuals.

3 (B) An assessment of Medicare and Med-
4 icaid conditions of participation for hospitals,
5 psychiatric facilities, psychiatric residential
6 treatment facilities, nursing facilities, and other
7 relevant provider types, if any, and their poten-
8 tial application to health care services furnished
9 to individuals who are inmates of correctional
10 facilities.

11 (C) An assessment of State licensing and
12 certification standards, processes, and enforce-
13 ment mechanisms for correctional facilities, and
14 the potential application of such standards,
15 processes, and enforcement mechanisms to the
16 provision of health care to individuals who are
17 inmates of correctional facilities.

18 (D) An assessment of accrediting bodies
19 for correctional facilities, the respective accred-
20 iting standards of such bodies, and the accred-
21 iting practices relevant to health care services
22 provided by correctional facilities to individuals
23 who are inmates of such facilities, in compari-
24 son to major community health care facility ac-
25 crediting bodies.

1 (2) IMPACT OF THE REENTRY ACT; REC-
2 COMMENDATIONS FOR ADDITIONAL ACTION.—

3 (A) The number of incarcerated individuals
4 who would otherwise be eligible to enroll for
5 medical assistance under a State plan approved
6 under title XIX of the Social Security Act (42
7 U.S.C. 1396 et seq.) (or a waiver of such a
8 plan).

9 (B) An analysis of the preliminary impact
10 of the amendment made by subsection (a) on
11 health care coverage and the transition back
12 into the community for individuals who are
13 newly released from correctional facilities.

14 (C) A description of current practices re-
15 lated to the discharge of incarcerated individ-
16 uals, including how correctional facilities inter-
17 act with State Medicaid agencies to ensure that
18 such individuals who are eligible to enroll for
19 medical assistance under a State plan or waiver
20 described in subparagraph (A) are so enrolled.

21 (D) If determined appropriate by the Com-
22 mission, recommendations for Congress, the
23 Department of Health and Human Services, or
24 States on further legislative or administrative
25 actions to—

1 (i) ensure access to comprehensive
2 health coverage for incarcerated and newly
3 released individuals, including an assess-
4 ment of the impact of the Medicaid inmate
5 exclusion; and

6 (ii) better facilitate an effective transi-
7 tion to community services and addiction
8 treatment for newly released individuals.

9 (E) Any other information that the Com-
10 mission determines would be useful to Con-
11 gress.

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