

117TH CONGRESS  
1ST SESSION

# H. R. 3514

To amend title XIX of the Social Security Act to provide a consistent standard of health care to incarcerated individuals, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2021

Ms. KUSTER (for herself, Mr. FITZPATRICK, Mr. MCKINLEY, Ms. BONAMICI, Ms. BLUNT ROCHESTER, Mr. TRONE, Mr. TAKANO, Ms. KELLY of Illinois, Ms. CASTOR of Florida, Ms. BROWNLEY, and Ms. CLARK of Massachusetts) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XIX of the Social Security Act to provide a consistent standard of health care to incarcerated individuals, and for other purposes.

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 “Humane Correctional  
5   Health Care Act”.

1 **SEC. 2. REPEAL OF MEDICAID EXCLUSION RELATING TO IN-**  
2 **CARCERATED INDIVIDUALS.**

3 (a) IN GENERAL.—Section 1905(a) of the Social Se-  
4 curity Act (42 U.S.C. 1396d(a)) is amended, in the matter  
5 following paragraph (31), by striking “such term does not  
6 include—” and all that follows through “patient in an in-  
7 stitution for mental diseases” and inserting “such term  
8 does not include any such payments with respect to care  
9 or services for any individual who has not attained 65  
10 years of age and who is a patient in an institution for  
11 mental diseases”.

12 (b) CONFORMING AMENDMENTS.—Section 1902(a)  
13 of the Social Security Act (42 U.S.C. 1396a(a)) is amend-  
14 ed—

15 (1) by striking paragraph (84); and

16 (2) by striking subsection (nn).

17 (c) EFFECTIVE DATE.—The amendments made by  
18 this section shall apply with respect to medical assistance  
19 provided on or after January 1, 2022.

20 **SEC. 3. REPORT BY COMPTROLLER GENERAL.**

21 Not later than the date that is 3 years after the date  
22 of enactment of this Act, and annually thereafter for each  
23 of the following 5 years, the Comptroller General of the  
24 United States shall submit to Congress a report con-  
25 taining the following information:

1           (1) The percentage of incarcerated individuals  
2           that receive medical assistance under a State plan  
3           under title XIX of the Social Security Act (42  
4           U.S.C. 1396 et seq.).

5           (2) The access of incarcerated individuals to  
6           health care services, including specialty care, and  
7           health care providers.

8           (3) The quality of health care services provided  
9           to incarcerated individuals.

10          (4) Any impact of coverage under such a State  
11          plan on recidivism.

12          (5) The percentage of incarcerated individuals  
13          who, upon release, are—

14                (A) enrolled under such a State plan; and

15                (B) connected to a primary care provider  
16                in their community.

17          (6) Trends in the prevalence and incidence of  
18          illness and injury among incarcerated individuals.

19          (7) Any other information the Comptroller Gen-  
20          eral determines necessary regarding the health of in-  
21          carcerated individuals.

22 **SEC. 4. SENSE OF CONGRESS ON INCARCERATION AND**  
23 **COMMUNITY-BASED HEALTH SERVICES.**

24          It is the sense of Congress that—

1           (1) no individual in the United States should be  
2           incarcerated for the purpose of being provided with  
3           health care that is unavailable to the individual in  
4           the individual's community;

5           (2) each State and unit of local government  
6           should establish programs that offer community-  
7           based health services (including mental health and  
8           substance use disorder services) commensurate with  
9           the principle stated in paragraph (1); and

10          (3) Federal reimbursement for expenditures on  
11          medical assistance made available through the  
12          amendments made by this Act should not supplant  
13          an investment in community-based services.

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