

117TH CONGRESS  
1ST SESSION

# H. R. 955

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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Mr. TONKO (for himself, Mr. TURNER, Mr. TRONE, Mr. MCKINLEY, Ms. UNDERWOOD, Mr. FITZPATRICK, and Mr. HASTINGS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 “Medicaid Reentry Act  
5       of 2021”.

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  
5 paragraph (30) of section 1905(a) of the Social Security  
6 Act (42 U.S.C. 1396d(a)) is amended by inserting “and  
7 except during the 30-day period preceding the date of re-  
8 lease of such individual from such public institution” after  
9 “medical institution”.

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 paragraph (30) of section 1905(a)  
15 of the Social Security Act (42 U.S.C. 1396d(a)). Such re-  
16 port shall, to the extent practicable, include the following  
17 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-

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

(B) An assessment of Medicare and Medicaid conditions of participation for hospitals, psychiatric facilities, psychiatric residential treatment facilities, nursing facilities, and other relevant provider types, if any, and their potential application to health care services furnished to individuals who are inmates of correctional facilities.

(C) An assessment of State licensing and certification standards, processes, and enforcement mechanisms for correctional facilities, and the potential application of such standards, processes, and enforcement mechanisms to the provision of health care to individuals who are inmates of correctional facilities.

(D) An assessment of accrediting bodies for correctional facilities, the respective accrediting standards of such bodies, and the accrediting practices relevant to health care services provided by correctional facilities to individuals who are inmates of such facilities, in comparison to major community health care facility accrediting bodies.

1           (2) IMPACT OF THE MEDICAID REENTRY ACT;  
2       RECOMMENDATIONS 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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