H. R. 4141

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

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2019

Ms. KUSTER of New Hampshire (for herself and Ms. NORTON) 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.

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Humane Correctional Health Care Act”.

SEC. 2. REPEAL OF MEDICAID INMATE EXCLUSION.

(a) IN GENERAL.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended, in the matter
following paragraph (30), by striking “such term does not include—” and all that follows through “patient in an institution for mental diseases” and inserting “such term does not include any such payments with respect to care or services for any individual who is under 65 years of age and is a patient in an institution for mental diseases”.

(b) CONFORMING AMENDMENTS.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)—

(A) by striking paragraph (84);

(B) by redesignating paragraphs (85) and (86) as paragraphs (84) and (85), respectively;

(C) in paragraph (84), as redesignated by subparagraph (B), by striking “(oo)(1)” and inserting “(nn)(1)”;

(D) in paragraph (85), as redesignated by subparagraph (B), by striking “(pp)” and inserting “(oo)”;

(2) by striking subsection (nn);

(3) by redesignating subsections (oo) and (pp) as subsections (nn) and (oo), respectively;

(4) in subsection (nn), as redesignated by paragraph (3), by striking “(85)” and inserting “(84)”;

and
(5) in subsection (oo), as redesignated by paragraph (3), by striking “(86)” and inserting “(85)”.  

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to medical assistance provided on or after January 1, 2020.

SEC. 3. REPORT BY COMPTROLLER GENERAL.  
Not later than the date that is three years after the date of the enactment of this Act, and annually thereafter for each of the following five years, the Comptroller General of the United States shall submit to Congress a report containing the following information:

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

(2) The access of inmates to health care services, including specialty care, and health care providers.  

(3) The quality of health care services provided to inmates.  

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

(5) The percentage of inmates who, upon release, are—  

(A) enrolled under such a State plan; and
(B) connected to a primary care provider
in their community.

(6) Trends in the prevalence and incidence of
illness and injury among inmates.

(7) Any other information the Comptroller Gen-
eral determines necessary regarding the health of in-
mates.

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

It is the sense of Congress that—

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

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

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