

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 7233
OFFERED BY M . _____**

Add at the end the following:

1 **SEC. ____ . DUE PROCESS CONTINUITY OF CARE.**

2 (a) REMOVAL OF INMATE LIMITATION ON BENEFITS
3 UNDER MEDICAID.—

4 (1) IN GENERAL.—The subdivision (A) of sec-
5 tion 1905(a) of the Social Security Act (42 U.S.C.
6 1396d(a)) following paragraph (31) of such section
7 is amended by inserting “or, at the option of the
8 State, while in custody pending disposition of
9 charges” after “patient in a medical institution”.

10 (2) EFFECTIVE DATE.—The amendment made
11 by paragraph (1) shall take effect on the 1st day of
12 the 1st calendar quarter that begins after the date
13 that is 60 days after the date of the enactment of
14 this Act and shall apply to items and services fur-
15 nished for periods beginning on or after such date.

16 (b) PLANNING GRANTS.—

17 (1) IN GENERAL.—The Secretary shall award
18 planning grants to at least 10 States to support pro-
19 viding medical assistance under the State Medicaid

1 program to individuals who are eligible for such as-
2 sistance as a result of the amendment made by sub-
3 section (a)(1). The grants shall be used to prepare
4 an application that meets the requirements of para-
5 graph (2).

6 (2) APPLICATION REQUIREMENTS.—In order to
7 be awarded a planning grant under this subsection,
8 a State shall submit an application to the Secretary
9 at such time and in such form and manner as the
10 Secretary shall require, that includes the following
11 information along with such additional information,
12 provisions, and assurances, as the Secretary may re-
13 quire:

14 (A) A proposed process for carrying out
15 each of the activities described in paragraph (3)
16 in the State.

17 (B) A review of State policies regarding
18 the population of individuals who are eligible
19 for medical assistance under the State Medicaid
20 program as a result of the amendment made by
21 subsection (a)(1) with respect to whether such
22 policies may create barriers to increasing the
23 number of health care providers who can pro-
24 vide items and services for that population.

1 (C) The development of a plan, taking into
2 account activities described in paragraph
3 (3)(B), that will ensure a sustainable number of
4 Medicaid-enrolled providers under the State
5 Medicaid program that can offer a full array of
6 treatment and services to the patient population
7 described in subparagraph (B) as needed. Such
8 plan shall include the following:

9 (i) Specific activities to increase the
10 number of providers that will offer physical
11 health treatment, as well as services re-
12 lated to behavioral health treatment, in-
13 cluding substance use disorder treatment,
14 recovery, or support services (including
15 short-term detoxification services, out-
16 patient substance use disorder services,
17 and evidence-based peer recovery services).

18 (ii) Milestones and timeliness for im-
19 plementing activities set forth in the plan.

20 (iii) Specific measurable targets for
21 increasing the number of providers under
22 the State Medicaid program who will treat
23 the patient population described in sub-
24 paragraph (B).

1 (D) An assurance that the State consulted
2 with relevant stakeholders, including the State
3 agency responsible for administering the State
4 Medicaid program, Medicaid managed care
5 plans, health care providers, law enforcement
6 personnel, officials from jails, and Medicaid
7 beneficiary advocates, with respect to the prepa-
8 ration and completion of the application and a
9 description of such consultation.

10 (3) ACTIVITIES DESCRIBED.—For purposes of
11 paragraph (2)(A), the activities described in this
12 subsection are the following:

13 (A) Activities that support the development
14 of an initial assessment of the health treatment
15 needs of patients who are in custody pending
16 disposition of charges to determine the extent
17 to which providers are needed (including the
18 types of such providers and geographic area of
19 need) to improve the number of providers that
20 will treat patients in custody pending dispo-
21 sition of charges under the State Medicaid pro-
22 gram, including the following:

23 (i) An estimate of the number of indi-
24 viduals enrolled under the State Medicaid

1 program who are in custody pending dis-
2 position of charges.

3 (ii) Information on the capacity of
4 providers to provide treatment or services
5 to such individuals enrolled under the
6 State Medicaid program, including infor-
7 mation on providers who provide such serv-
8 ices and their participation under the State
9 Medicaid program.

10 (iii) Information on the health care
11 services provided under programs other
12 than the State Medicaid program in jails
13 to individuals who are in custody pending
14 disposition of charges.

15 (B) Activities that, taking into account the
16 results of the assessment described in subpara-
17 graph (A) with respect to the provision of treat-
18 ment or services under the State Medicaid pro-
19 gram, support the development of State infra-
20 structure to recruit or contract with prospective
21 health care providers, provide training and tech-
22 nical assistance to such providers, and secure a
23 process for an electronic health record system
24 for billing to reimburse for services provided by
25 the correctional facility, outpatient providers,

1 medical vendors, and contracted telehealth serv-
2 ice providers to patients who are in custody
3 pending disposition of charges that are compli-
4 ant with applicable requirements and regula-
5 tions for State Medicaid programs.

6 (C) Activities that ensure the quality of
7 care for patients who are in custody pending
8 disposition of charges, including formal report-
9 ing mechanisms for patient outcomes, and ac-
10 tivities that promote participation in learning
11 collaboratives among providers treating this
12 population.

13 (4) GEOGRAPHIC DIVERSITY.—The Secretary
14 shall select States for planning grants under this
15 section in a manner that ensures geographic diver-
16 sity.

17 (5) FUNDING.—Out of any money in the Treas-
18 ury not otherwise appropriated, there are appro-
19 priated to the Secretary to carry out this subsection,
20 \$50,000,000, to remain available until expended.

21 (6) DEFINITIONS.—In this subsection:

22 (A) MEDICAID PROGRAM.—The term
23 “Medicaid program” means, with respect to a
24 State, the State program under title XIX of the
25 Social Security Act (42 U.S.C. 1396 et seq.) in-

1 cluding any waiver or demonstration under such
2 title or under section 1115 of such Act (42
3 U.S.C. 1315) relating to such title.

4 (B) SECRETARY.—The term “Secretary”
5 means the Secretary of Health and Human
6 Services.

7 (C) STATE.—The term “State” has the
8 meaning given that term for purposes of title
9 XIX of the Social Security Act (42 U.S.C. 1396
10 et seq.) in section 1101(a)(1) of such Act (42
11 U.S.C. 1301(a)(1)).

