117TH CONGRESS
2D SESSION

H. R. 7233

To amend title XIX of the Social Security Act to provide for requirements under Medicaid State plans for health screenings and referrals for certain eligible juveniles in public institutions; and to require the Secretary of Health and Human Services to issue clear and specific guidance under the Medicaid and Children’s Health Insurance programs to improve the delivery of health care services, including mental health services, in elementary and secondary schools and school-based health centers.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. HUDSON (for himself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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Be it enacted by the Senate and House of Representa-

tives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act” or the “KIDS CARES Act”.

SEC. 2. MEDICAID STATE PLAN REQUIREMENTS FOR HEALTH SCREENINGS AND REFERRALS FOR ELIGIBLE JUVENILES IN PUBLIC INSTITUTIONS.

Section 1902(a)(84) of the Social Security Act (42 U.S.C. 1936a(a)(84)) is amended—

(1) in subparagraph (B), by striking “and” at the end;

(2) in subparagraph (C), by adding “and” at the end; and

(3) by adding at the end the following new sub-paragraph:

“(D) beginning October 1, 2023, in the case of individuals who are eligible juveniles described in subsection (nn)(2), and who the State determines pursuant to subparagraph (B) or (C), as applicable, meet the eligibility requirements for medical assistance under the State plan—

“(i) the State shall have in place a plan to ensure and, in accordance with such plan, provide—
“(I) for, prior to release of such an eligible juvenile from such public institution (or not later than one week after release from the public institution), and in coordination with such institution, screenings of such eligible individual, including the screenings described under section 1905(r); and

“(II) for, not later than the latter of the date on which such eligible juvenile is released from such institution or the date on which the screenings pursuant to subclause (I) for such individual are completed, referrals for such eligible individual to the appropriate health care services based on such screenings; and

“(ii) at the option of the State, make medical assistance available under the State plan for screenings pursuant to clause (i) conducted prior to the release of such eligible juvenile from such public institution;”.

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SEC. 3. GUIDANCE ON REDUCING ADMINISTRATIVE BARRIERS TO PROVIDING HEALTH CARE SERVICES IN SCHOOLS.

(a) In General.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall issue proposed guidance to State Medicaid agencies, elementary and secondary schools, and school-based health centers on reducing administrative barriers to such schools and centers furnishing specified health services and obtaining reimbursement for such services under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq., 1397aa et seq.).

(b) Contents of Guidance.—The guidance issued pursuant to subsection (a) shall—

(1) include proposed revisions to the May 2003 Medicaid School-Based Administrative Claiming Guide and other guidance in effect on the date of enactment of this Act;

(2) provide information on reimbursement under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq., 1397aa et seq.) for the provision of specified health services, including such services provided in accordance with an individualized education program or under the “free care” policy described in the State Medicaid Director letter
on payment for services issued on December 15, 2014 (#14–006);

(3) take into account reasons why small and rural local education agencies may choose not to provide specified health services, and consider approaches to encourage such agencies to provide such services; and

(4) include best practices and examples of methods that State Medicaid agencies and local education agencies have used to reimburse for, and increase the availability of, specified health services.

(c) DEFINITIONS.—In this Act:

(1) INDIVIDUALIZED EDUCATION PROGRAM.—The term “individualized education program” has the meaning given such term in section 602(14) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(14)).

(2) SCHOOL-BASED HEALTH CENTER.—The term “school-based health center” has the meaning given such term in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)).

(3) SPECIFIED HEALTH SERVICES.—The term “specified health services” means health services (including mental health services) for which medical assistance may be provided under a State plan (or
waiver of such plan) under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or a State child health plan (or waiver of such plan) under title XXI of such Act (42 U.S.C. 1397aa et seq.).