

116TH CONGRESS  
1ST SESSION

# 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.

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## 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

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## 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.

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”.

6 **SEC. 2. REPEAL OF MEDICAID INMATE EXCLUSION.**

7 (a) IN GENERAL.—Section 1905(a) of the Social Se-  
8 curity Act (42 U.S.C. 1396d(a)) is amended, in the matter

1 following paragraph (30), by striking “such term does not  
 2 include—” and all that follows through “patient in an in-  
 3 stitution for mental diseases” and inserting “such term  
 4 does not include any such payments with respect to care  
 5 or services for any individual who is under 65 years of  
 6 age and is a patient in an institution for mental diseases”.

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

9 (1) in subsection (a)—

10 (A) by striking paragraph (84);

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

13 (C) in paragraph (84), as redesignated by  
 14 subparagraph (B), by striking “(oo)(1)” and in-  
 15 serting “(nn)(1)”; and

16 (D) in paragraph (85), as redesignated by  
 17 subparagraph (B), by striking “(pp)” and in-  
 18 serting “(oo)”;

19 (2) by striking subsection (nn);

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

22 (4) in subsection (nn), as redesignated by para-  
 23 graph (3), by striking “(85)” and inserting “(84)”;  
 24 and

1           (5) in subsection (oo), as redesignated by para-  
2       graph (3), by striking “(86)” and inserting “(85)”.

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

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

7       Not later than the date that is three years after the  
8 date of the enactment of this Act, and annually thereafter  
9 for each of the following five years, the Comptroller Gen-  
10 eral of the United States shall submit to Congress a report  
11 containing the following information:

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

15           (2) The access of inmates to health care serv-  
16 ices, including specialty care, and health care pro-  
17 viders.

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

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

22           (5) The percentage of inmates who, upon re-  
23 lease, are—

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

1 (B) connected to a primary care provider  
2 in their community.

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

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

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

10 It is the sense of Congress that—

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

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

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

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