

116TH CONGRESS  
1ST SESSION

# S. 2305

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 SENATE OF THE UNITED STATES

JULY 29, 2019

Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on Finance

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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  
9       following paragraph (30), by striking “such term does not  
10       include—” and all that follows through “patient in an in-

1 stitution for mental diseases” and inserting “such term  
2 does not include any such payments with respect to care  
3 or services for any individual who is under 65 years of  
4 age and is a patient in an institution for mental diseases”.

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

7 (1) in subsection (a)—

8 (A) by striking paragraph (84);

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

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

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

17 (2) by striking subsection (nn);

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

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

22 and

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

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

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

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

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

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

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

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

20 (5) The percentage of inmates who, upon re-  
21 lease, are—

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

23 (B) connected to a primary care provider  
24 in their community.

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

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

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

8 It is the sense of Congress that—

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

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

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

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