

115TH CONGRESS
2D SESSION

H. R. 6764

To amend title XIX of the Social Security Act to provide a consistent standard of health care to the incarcerated.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 2018

Ms. KUSTER of New Hampshire (for herself, Mr. CARSON of Indiana, Mr. RYAN of Ohio, Ms. BASS, and Mr. CICILLINE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide a consistent standard of health care to the incarcerated.

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. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Bureau of Justice Statis-
9 tics, since 1965, the U.S. inmate population has

1 grown by 650 percent: from approximately 200,000
2 to 1.5 million inmates.

3 (2) Prison and jail health care is currently the
4 responsibility of the States, counties, and cities. A
5 study by the Pew Charitable Trust determined that
6 health care spending in the prison system has grown
7 substantially over the past several decades, driven
8 largely by litigation, and amounted to \$8.1 billion in
9 2015. Prison health care spending varies dramati-
10 cally from State to State, but inconsistent ap-
11 proaches to quality measurement and monitoring
12 make interstate comparison of the quality of care
13 not possible.

14 (3) Research published by the National Insti-
15 tutes of Health found that jail and prison inmates
16 have a higher occurrence of most chronic medical
17 conditions than the general population.

18 (4) According to the University of Pennsylvania
19 Public Policy Center, the quality of prison health
20 care is generally known to be poor, has no standard
21 of care (level at which the average, prudent provider
22 in a given community would practice), and has been
23 the subject of numerous lawsuits.

24 (5) The Bureau of Justice Statistics reports
25 that 37 percent of prisoners have a mental health

1 disorder, yet only approximately a third of those re-
2 ceive treatment.

3 (6) The National Center for Addiction and Sub-
4 stance Abuse at Columbia University estimates 65
5 percent of individuals in prisons or jails meet the
6 clinical criteria for substance use disorder (SUD),
7 yet the use of Medical Assisted Treatment (MAT)
8 for those with SUD is limited. There is currently no
9 mechanism to pay for sustained MAT in the crimi-
10 nal justice system.

11 (7) President Trump has endorsed the goal of
12 making addiction treatment available to those in
13 prison.

14 (8) A study published in the International
15 Journal of Law and Psychiatry states that 68 per-
16 cent of untreated SUD and dual diagnosis (SUD
17 and mental disorder) offenders returned to prison
18 with an average annual cost of incarceration of
19 \$31,977.

20 (9) With a repeal of the Medicaid inmate exclu-
21 sion, nearly all inmates would be eligible for the
22 Medicaid program in States that expanded Medicaid
23 through the Patient Protection and Affordable Care
24 Act; thus, Medicaid could provide a sustained mech-
25 anism to pay for MAT, mental health treatment,

1 and general health care for a large portion of the in-
2 carcerated population.

3 **SEC. 3. REPEAL OF MEDICAID INMATE EXCLUSION.**

4 Section 1905(a) of the Social Security Act (42 U.S.C.
5 1396d(a)) is amended, in the matter following paragraph
6 (29), by striking “such term does not include—” and all
7 that follows through “who is a patient in an institution
8 for mental diseases.” and inserting “such term does not
9 include any such payments with respect to care or services
10 for any individual who has not attained 65 years of age
11 and who is a patient in an institution for mental dis-
12 eases.”.

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