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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE MEDICAID REENTRY
ACT

Introduced By: Senators Bissaillon, LaMountain, Lawson, Murray, Appollonio, Lauria,
Dimitri, and McKenney

Date Introduced: March 28, 2025

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:

3 CHAPTER 56.4

4 THE MEDICAID REENTRY ACT

5 **42-56.4-1. Short title.**

6 This chapter shall be known and may be cited as the "The Medicaid Reentry Act."

7 **42-56.4-2. Legislative findings and intent.**

8 The general assembly finds and declares that:

9 (1) Having access to same day and next day physical and behavioral health services is
10 imperative to facilitate successful reentry for individuals released from incarceration;

11 (2) Suspending Medicaid enrollment for incarcerated individuals causes significant delays
12 in Medicaid reinstatement upon release;

13 (3) Delays in Medicaid reinstatement impedes access to physical and behavioral health
14 appointments and prescription medications upon release; and

15 (4) The intent of this chapter is to facilitate successful reentry by not suspending Medicaid
16 enrollment for individuals who are incarcerated and providing Medicaid coverage for those
17 reentering the community.

18 **42-56.4-3. Definitions.**

1 As used in this chapter, the following words and terms shall have the following meanings:

2 (1) "Coverage" means and shall include, but is not limited to:

3 (i) Assessments;

4 (ii) Psychosocial counseling;

5 (iii) Medications, including long-acting injectable medications;

6 (iv) Peer support services;

7 (v) Discharge planning; and

8 (vi) Reentry services.

9 (2) "Medical assistance" means the medical assistance program provided by the Rhode
10 Island medical assistance program, as defined under chapter 8 of title 40, or medical assistance
11 provided by a managed care organization under contract with the Rhode Island medical assistance
12 program.

13 (3) "Qualified inmate" means an individual who is incarcerated within the adult
14 correctional institutions or a juvenile correctional facility.

15 **42-56.4-4. Maintenance of medical assistance enrollment for incarcerated individuals.**

16 (a) During the first thirty (30) days of a person's incarceration at the department of
17 corrections or in a juvenile correctional facility, a person's incarceration status shall not affect the
18 person's enrollment in medical assistance if the person is enrolled in medical assistance upon
19 incarceration. The person's medical assistance enrollment shall be maintained throughout the first
20 thirty (30) days of the person's incarceration.

21 (b) If a person is not currently enrolled in medical assistance upon incarceration, the
22 executive office of health and human services, in consultation with the department of corrections,
23 shall, upon the person's consent, determine the person's eligibility and enroll the person in medical
24 assistance upon entry within the department of corrections. Once enrolled in medical assistance,
25 the person's medical assistance enrollment shall be maintained throughout the first thirty (30) days
26 of the person's incarceration.

27 (c) After the first thirty (30) days of the person's incarceration, the person's medical
28 assistance enrollment is subject to suspension.

29 (d) The department of corrections shall, when possible, notify the executive office of health
30 and human services of the individual's upcoming release from incarceration with sufficient time to
31 allow the executive office of health and human services to update the individual's enrollment in
32 medical assistance from suspended to active status thirty (30) days prior to release. Upon receipt
33 of the notification, the executive office of health and human services shall update the individual's
34 enrollment in medical assistance from suspended to active status. If the person was unenrolled in

1 medical assistance during their incarceration, the executive office of health and human services,
2 shall, upon the person's consent, determine the person's eligibility and enroll the person in medical
3 assistance. The individuals Medicaid member information shall be provided to individuals prior to
4 their release.

5 (e) Notwithstanding any provision of this section to the contrary, the executive office of
6 health and human services shall not be required to provide medical assistance benefits to persons
7 who are incarcerated prior to the person's release unless the executive office of health and human
8 services obtains final approval of a demonstration waiver under § 1115 of the Social Security Act,
9 (42 U.S.C. § 1315) from the Centers for Medicare and Medicaid Services. No federal funds may
10 be expended for any purpose that is not authorized by the state's agreements with the federal
11 government. The executive office of health and human services shall utilize and maximize federal
12 funding participation when available.

13 (f) The executive office of health and human services shall coordinate with the managed
14 care organizations for the purposes of reconciling any potential financial implications of
15 maintaining active coverage for the first and last thirty (30) days of an individual's confinement.

16 (g) The executive office of health and human services shall require through amending
17 current and future medical assistance managed care contracts, that the managed care organizations
18 meet the provisions of this chapter.

19 (h) The department of corrections shall make reasonable efforts to collaborate with the
20 executive office of health and human services and managed care organizations for the purposes of
21 care coordination activities, improving health care delivery, and release planning for persons
22 incarcerated.

23 (i) The executive office of health and human services and the department of corrections
24 shall provide all monitoring and evaluation reports required under the § 1115 demonstration waiver
25 if the Centers for Medicare and Medicaid Services waives the inmate exclusion policy in their
26 approval of the demonstration.

27 **42-56.4-5. Medicaid waiver for coverage of qualified inmates leaving the department**
28 **of corrections.**

29 (a) Within ninety (90) days after the effective date of this chapter, the executive office of
30 health and human services, in consultation with the department of corrections, shall apply for a
31 demonstration waiver, under § 1115 of the Social Security Act, (42 U.S.C. § 1315), with the Centers
32 for Medicare and Medicaid Services to offer, when possible, a program to provide Medicaid
33 benefits to a qualified inmate for up to at least thirty (30) days immediately before the day on which
34 the qualified inmate is released by the department of corrections.

1 (b) If the waiver described in subsection (a) of this section is approved, the executive office
2 of health and human services shall provide all monitoring and evaluation reports required under the
3 § 1115 demonstration waiver.

4 SECTION 2. This act shall take effect on January 1, 2026.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE MEDICAID REENTRY
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1 This act would require that Medicaid enrollment be maintained or provided to all inmates
2 in the first thirty (30) days of incarceration at the adult correctional institutions within the
3 department of corrections and the last thirty (30) days of incarceration when possible. It would also
4 require that the executive office of health and human services, in accordance with federal law, apply
5 for an § 1115 waiver to offer a program to provide Medicaid benefits to a qualified inmate for up
6 to at least thirty (30) days immediately before the day on which the qualified inmate is released by
7 the department of corrections.

8 This act would take effect on January 1, 2026.

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