

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

A N A C T

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

Introduced By: Senators Lawson, Miller, Valverde, DiMario, Kallman, Murray, Quezada, and Lombardo

Date Introduced: March 17, 2022

Referred To: Senate Health & Human Services

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 policy.**

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) It's policy is to facilitate successful reentry by not suspending Medicaid enrollment for  
16 individuals who are incarcerated and providing Medicaid coverage for those reentering the  
17 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) "Qualified inmate" means an individual who is incarcerated by the adult correctional  
10 institutions and has:

11 (i) A chronic physical or behavioral health condition;

12 (ii) A mental illness; or

13 (iii) A substance use disorder.

14 **42-56.4-4. Maintenance of medical assistance enrollment for incarcerated individuals.**

15 (a) A person's incarceration shall not affect the person's enrollment status in medical  
16 assistance. When the department of human services receives information that a person enrolled in  
17 medical assistance is incarcerated by the adult correctional institutions within the department of  
18 corrections, the department of human services shall maintain, rather than suspend or terminate, the  
19 person's medical assistance enrollment. If a person is not currently enrolled in medical assistance,  
20 the department of corrections, in conjunction with the department of human services, shall, upon  
21 the person's consent, determine the person's eligibility and enroll the person in medical assistance  
22 upon incarceration. Once enrolled in medical assistance, the person's medical assistance shall be  
23 maintained throughout their incarceration.

24 (b) No provision of this section may be interpreted to require the department of human  
25 services to provide medical assistance benefits to persons who are incarcerated prior to the person's  
26 release unless the executive office of health and human services obtains final approval of a  
27 demonstration waiver under § 1115 (42 U.S.C. 1315) from the Centers for Medicare and Medicaid  
28 Services. No federal funds may be expended for any purpose that is not authorized by the state's  
29 agreements with the federal government.

30 (c) The department of human services shall coordinate with the managed care organizations  
31 for the purposes of reconciling any potential financial implications of maintaining an incarcerated  
32 person's medical assistance enrollment.

33 (d) The department of corrections shall make reasonable efforts to collaborate with the  
34 department of human services and managed care organizations for the purposes of care

1 coordination activities, improving health care delivery, and release planning for persons  
2 incarcerated.

3 (e) The department of human services and the department of corrections shall report to the  
4 governor, the house of representatives committee on finance, the senate committee on finance, the  
5 house of representatives committee on health and human services, and the senate committee on  
6 health and human services each year before November 30 regarding:

7 (1) The cost of the program; and

8 (2) The effectiveness of the program, including:

9 (i) Any reduction in the number of emergency room visits or hospitalizations by inmates  
10 after release from a correctional facility;

11 (ii) Any reduction in the number of inmates undergoing inpatient treatment after release  
12 from a correctional facility;

13 (iii) Any reduction in overdose rates and deaths of inmates after release from a correctional  
14 facility; and

15 (iv) Any reduction in recidivism after release from a correctional facility; and

16 (v) Any other costs or benefits as a result of the program

17 **42-56.4-5. Medicaid waiver for coverage of qualified inmates leaving the department**  
18 **of corrections.**

19 (a) Within one hundred eighty (180) days after the effective date of this chapter, the  
20 executive office of health and human services, in consultation with the department of corrections,  
21 shall apply for a demonstration waiver, under § 1115 (42 U.S.C. 1315), with the Centers for  
22 Medicare and Medicaid Services to offer a program to provide Medicaid coverage to a qualified  
23 inmate for up to at least thirty (30) days immediately before the day on which the qualified inmate  
24 is released from the department of corrections.

25 (b) If the waiver described in subsection (a) of this section is approved, the executive office  
26 of health and human services shall report to the governor, the house of representatives committee  
27 on finance, senate committee on finance, house of representatives committee on health and human  
28 services, and senate committee on health and human services each year before November 30 while  
29 the waiver is in effect regarding:

30 (1) The number of qualified inmates served under the program;

31 (2) The cost of the program; and

32 (3) The effectiveness of the program, including:

33 (i) Any reduction in the number of emergency room visits or hospitalizations by inmates  
34 after release from a correctional facility;

- 1           (ii) Any reduction in the number of inmates undergoing inpatient treatment after release  
2 from a correctional facility;
- 3           (iii) Any reduction in overdose rates and deaths of inmates after release from a correctional  
4 facility;
- 5           (iv) Any reduction in recidivism after release from a correctional facility; and  
6 (v) Any other costs or benefits as a result of the program.
- 7           SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

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

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1           This act would mandate that a person's incarceration not affect his or her enrollment status  
2 in medical assistance. It would require that Medicaid enrollment be continued or provided to all  
3 inmates upon entry to the adult correctional institutions within the department of corrections and  
4 throughout the incarceration period. It would also require that coverage be provided to those who  
5 are leaving the department of corrections and reentering the community, unless the executive office  
6 of health and human services, in accordance with federal law, applies for and is granted a Medicaid  
7 waiver of coverage.

8           This act would take effect upon passage.

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