AN ACT 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:

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

CHAPTER 56.4

THE MEDICAID REENTRY ACT

42-56.4-1. Short title.
This chapter shall be known and may be cited as the "The Medicaid Reentry Act."

42-56.4-2. Legislative findings and policy.
The general assembly finds and declares that:
(1) Having access to same day and next day physical and behavioral health services is imperative to facilitate successful reentry for individuals released from incarceration;
(2) Suspending Medicaid enrollment for incarcerated individuals causes significant delays in Medicaid reinstatement upon release;
(3) Delays in Medicaid reinstatement impedes access to physical and behavioral health appointments and prescription medications upon release; and
(4) It's policy is to facilitate successful reentry by not suspending Medicaid enrollment for individuals who are incarcerated and providing Medicaid coverage for those reentering the community.

42-56.4-3. Definitions.
As used in this chapter, the following words and terms shall have the following meanings:

1. "Coverage" means and shall include, but is not limited to:

   (i) Assessments;
   (ii) Psychosocial counseling;
   (iii) Medications, including long-acting injectable medications;
   (iv) Peer support services;
   (v) Discharge planning; and
   (vi) Reentry services.

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

3. "Qualified inmate" means an individual who is incarcerated by the adult correctional institutions and has:

   (i) A chronic physical or behavioral health condition;
   (ii) A mental illness; or
   (iii) A substance use disorder.

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

   (a) During the first thirty (30) days of a person's incarceration at the department of corrections, a person's incarceration status may not affect the person's enrollment in medical assistance if the person is enrolled in medical assistance upon incarceration. The person's medical assistance enrollment shall be maintained throughout the first thirty (30) days of the person's incarceration.

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

   (c) After the first thirty (30) days of the person's incarceration, the person's medical assistance enrollment is subject to suspension or their application shall be maintained in suspension status throughout the person's incarceration.

   (d) Thirty (30) days prior to the individual's approximate release date from incarceration, the department of corrections shall notify the executive office of health and human services of the
individual's upcoming release from incarceration. Upon the notification, the executive office of
health and human services shall reinstate the individual's enrollment in medical assistance. If the
person was unenrolled in medical assistance during their incarceration, the executive office of
health and human services, shall, upon the person's consent, determine the person's eligibility and
enroll the person in medical assistance. Medical assistance identity cards shall be provided to
individuals prior to their release.

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

(f) The executive office of health and human services shall coordinate with the managed
care organizations for the purposes of reconciling any potential financial implications of
maintaining an incarcerated person's medical assistance enrollment.

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

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

(i) The executive office of health and human services and the department of corrections
shall report to the governor, the house of representatives committee on finance, the senate
committee on finance, the house of representatives committee on health and human services, and
the senate committee on health and human services each year before November 30 regarding:

(1) The cost of the program; and

(2) The effectiveness of the program, including:

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

(ii) Any reduction in the number of inmates undergoing inpatient treatment after release
from a correctional facility;
(iii) Any reduction in overdose rates and deaths of inmates after release from a correctional facility;

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

(v) Any other costs or benefits resulting from the program.

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

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

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

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

(2) The cost of the program; and

(3) The effectiveness of the program, including:

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

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

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

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

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

SECTION 2. This act shall take effect on January 1, 2023.
This act would require that Medicaid enrollment be maintained or provided to all inmates in the first thirty (30) days of incarceration at the adult correctional institutions within the department of corrections and the last thirty (30) days of incarceration. It would also require that the executive office of health and human services, in accordance with federal law, to apply for an 1115 waiver to offer a program to provide Medicaid benefits to a qualified inmate for up to at least thirty (30) days immediately before the day on which the qualified inmate is released from the department of corrections.

This act would take effect on January 1, 2023.