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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

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A N A C T

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

Introduced By: Representatives McEntee, Noret, Batista, Bennett, Kazarian, Hull,
Dawson, O'Brien, Morales, and Knight

Date Introduced: January 17, 2024

Referred To: House 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 and has:

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

16 (ii) A mental illness; or

17 (iii) A substance use disorder.

18 **42-56.4-4. Maintenance of medical assistance enrollment for incarcerated individuals.**

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

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

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

33 (d) Thirty (30) days prior to the individual's approximate release date from incarceration,
34 the department of corrections shall notify the executive office of health and human services of the

1 individual's upcoming release from incarceration. Upon receipt of the notification, the executive
2 office of health and human services shall reinstate the individual's enrollment in medical assistance.
3 If the person was unenrolled in medical assistance during their incarceration, the executive office
4 of health and human services, shall, upon the person's consent, determine the person's eligibility
5 and enroll the person in medical assistance. Medical assistance identity cards shall be provided to
6 individuals prior to their release.

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

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

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

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

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

29 (1) The cost of the program; and

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

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

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

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

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

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

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

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

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

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

19 (2) The cost of the program; and

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

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

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

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

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

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

29 SECTION 2. This act shall take effect on January 1, 2025.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
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. It would also require that
4 the executive office of health and human services, in accordance with federal law, apply for an §
5 1115 waiver to offer a program to provide Medicaid benefits to a qualified inmate for up to at least
6 thirty (30) days immediately before the day on which the qualified inmate is released by the
7 department of corrections.

8 This act would take effect on January 1, 2025.

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