118TH CONGRESS 1ST SESSION **S**.

To amend title XIX of the Social Security Act to remove the Medicaid coverage exclusion for inmates in custody pending disposition of charges, and for other purposes.

### IN THE SENATE OF THE UNITED STATES

Mr. CASSIDY (for himself, Mr. MERKLEY, Mr. MARKEY, and Mr. TILLIS) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_\_

## A BILL

- To amend title XIX of the Social Security Act to remove the Medicaid coverage exclusion for inmates in custody pending disposition of charges, and for other purposes.
  - 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 "Due Process Con-5 tinuity of Care Act".

# 6 SEC. 2. REMOVAL OF INMATE LIMITATION ON BENEFITS 7 UNDER MEDICAID.

8 (a) IN GENERAL.—The subdivision (A) of section
9 1905(a) of the Social Security Act (42 U.S.C. 1396d(a))

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following the last numbered paragraph of such section is
 amended by inserting ", or, at the option of the State,
 while in custody pending disposition of charges" after "pa tient in a medical institution".

5 (b) CONFORMING AMENDMENTS.—Section 5122 of
6 division FF of the Consolidated Appropriations Act, 2023
7 (Public Law 117–328) is amended—

8 (1) in subsection (a), by striking "Medicaid"
9 and all that follows through "Section
10 1902(a)(84)(A)" and inserting "MEDICAID.—Sec11 tion 1902(a)(84)(A)"; and

12 (2) in subsection (c), by inserting ", except that 13 if such date is later than the effective date described 14 in section 2(c) of the Due Process Continuity of 15 Care Act then the amendment made by subsection 16 (a) shall take effect and apply to items and services 17 furnished for periods beginning on or after the effec-18 tive date described in such section" before the pe-19 riod.

(c) EFFECTIVE DATE.—The amendments made by
subsections (a) and (b) shall take effect on the 1st day
of the 1st calendar quarter that begins on or after the
date that is 60 days after the date of the enactment of
this Act and shall apply to items and services furnished
for periods beginning on or after such date.

#### 1 SEC. 3. PLANNING GRANTS.

(a) IN GENERAL.—The Secretary shall award planning grants to States to support providing medical assistance under the State Medicaid program to individuals who
are eligible for such assistance as a result of the amendment made by section 2(a). The grants shall be used to
prepare an application that meets the requirements of subsection (b).

9 (b) APPLICATION REQUIREMENTS.—In order to be 10 awarded a planning grant under this section, a State shall 11 submit an application to the Secretary at such time and 12 in such form and manner as the Secretary shall require, 13 that includes the following information along with such 14 additional information, provisions, and assurances, as the 15 Secretary may require:

16 (1) A proposed process for carrying out each of 17 the activities described in subsection (c) in the State. 18 (2) A review of State policies regarding the 19 population of individuals who are eligible for medical 20 assistance under the State Medicaid program as a 21 result of the amendment made by section 2(a) with 22 respect to whether such policies may create barriers 23 to increasing the number of health care providers 24 who can provide items and services for that popu-25 lation.

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1	(3) The development of a plan, taking into ac-
2	count activities described in subsection $(c)(2)$ , that
3	will ensure a sustainable number of Medicaid-en-
4	rolled providers under the State Medicaid program
5	that can offer a full array of treatment and services
6	to the patient population described in paragraph $(2)$
7	as needed. Such plan shall include the following:
8	(A) Specific activities to increase the num-
9	ber of providers that will offer physical health
10	treatment, as well as services related to behav-
11	ioral health treatment, including substance use
12	disorder treatment, recovery, or support serv-
13	ices (including short-term detoxification serv-
14	ices, outpatient substance use disorder services,
15	and evidence-based peer recovery services).
16	(B) Milestones and timeliness for imple-
17	menting activities set forth in the plan.
18	(C) Specific measurable targets for in-
19	creasing the number of providers under the
20	State Medicaid program who will treat the pa-
21	tient population described in paragraph (2).
22	(4) An assurance that the State consulted with
23	relevant stakeholders, including the State agency re-
24	sponsible for administering the State Medicaid pro-
25	gram, Medicaid managed care plans, health care

providers, law enforcement personnel, officials from
 jails, and Medicaid beneficiary advocates, with re spect to the preparation and completion of the appli cation and a description of such consultation.

5 (c) ACTIVITIES DESCRIBED.—For purposes of sub6 section (b)(1), the activities described in this subsection
7 are the following:

8 (1) Activities that support the development of 9 an initial assessment of the health treatment needs 10 of patients who are in custody pending disposition of 11 charges to determine the extent to which providers 12 are needed (including the types of such providers 13 and geographic area of need) to improve the number 14 of providers that will treat patients in custody pend-15 ing disposition of charges under the State Medicaid 16 program, including the following:

17 (A) An estimate of the number of individ18 uals enrolled under the State Medicaid program
19 who are in custody pending disposition of
20 charges.

(B) Information on the capacity of providers to provide treatment or services to such
individuals enrolled under the State Medicaid
program, including information on providers

1	who provide such services and their participa-
2	tion under the State Medicaid program.
3	(C) Information on the health care services
4	provided under programs other than the State
5	Medicaid program in jails to individuals who
6	are in custody pending disposition of charges.
7	(2) Activities that, taking into account the re-
8	sults of the assessment described in paragraph $(1)$
9	with respect to the provision of treatment or services
10	under the State Medicaid program, support the de-
11	velopment of State infrastructure to recruit or con-
12	tract with prospective health care providers, provide
13	training and technical assistance to such providers,
14	and secure a process for an electronic health record
15	system for billing to reimburse for services provided
16	by the correctional facility, outpatient providers,
17	medical vendors, and contracted telehealth service
18	providers to patients who are in custody pending dis-
19	position of charges that are compliant with applica-
20	ble requirements and regulations for State Medicaid
21	programs.
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(3) Activities that ensure the quality of care for
patients who are in custody pending disposition of
charges, including formal reporting mechanisms for
patient outcomes, and activities that promote par-

ticipation in learning collaboratives among providers
 treating this population.

3 (d) GEOGRAPHIC DIVERSITY.—The Secretary shall
4 select States for planning grants under this section in a
5 manner that ensures geographic diversity.

6 (e) FUNDING.—There are authorized to be appro-7 priated \$50,000,000 to carry out this section.

8 (f) DEFINITIONS.—In this section:

9 (1) MEDICAID PROGRAM.—The term "Medicaid 10 program" means, with respect to a State, the State 11 program under title XIX of the Social Security Act 12 (42 U.S.C. 1396 et seq.) including any waiver or 13 demonstration under such title or under section 14 1115 of such Act (42 U.S.C. 1315) relating to such 15 title.

16 (2) SECRETARY.—The term "Secretary" means
17 the Secretary of Health and Human Services.

18 (3) STATE.—The term "State" has the meaning given that term for purposes of title XIX of the
Social Security Act (42 U.S.C. 1396 et seq.) in section 1101(a)(1) of such Act (42 U.S.C. 1301(a)(1)).