

February 24, 2021

The Honorable Paul Tonko  
2369 Rayburn House Office Building  
Washington, DC 20515

The Honorable Michael Turner  
2082 Rayburn HOB  
Washington, D.C. 20515

The Honorable Tammy Baldwin  
709 Hart Senate Office Building  
Washington DC 20510

The Honorable Mike Braun  
374 Russell Senate Office Building  
Washington, D.C. 20510

Dear Senators Baldwin, Braun, Representatives Tonko and Turner:

The undersigned organizations represent a wide variety of stakeholders including health care providers, law enforcement officials, criminal justice professionals, local government executives, advocates, families and individuals affected by mental illness and/or substance use disorders (SUD). Individually, our organizations advocate on a wide variety of priorities; however, we are unified in our support of the Medicaid Reentry Act, which would permit Medicaid to provide essential health care for people in incarcerated settings 30 days prior to their release. We thank you for co-sponsoring this critically important legislation.

#### **Medicaid Reentry Act Helps Address COVID-19 Pandemic**

The COVID-19 pandemic underscores the importance of access to and coordination of physical, mental health and substance use disorder care. It is estimated that over 100,000 people in jails and prisons nationwide have become infected with COVID-19. A recent analysis published in JAMA found that, from March 31st through June 6th, COVID-19 cases in U.S. federal and state prisons were 5.5 times higher—and death rates three times higher—than in the general population. Other studies have shown that the struggle to manage COVID-19 within correctional facilities has contributed to greater spread of the virus in communities. The Medicaid Reentry Act has the potential to not only improve the health of reentering individuals but also protect the community's public health and safety.

#### **Medicaid Reentry Act Helps Connect People to Care and Reduce Recidivism**

Ninety-five percent of the more than 2 million adults who are incarcerated in the United States will be released and face a variety of reentry challenges. Most of these individuals lack health insurance and will face barriers navigating and gaining access to public health care programs. Practically, when individuals reenter their community, establishing or re-establishing health care often takes the backburner as they deal with more pressing needs like housing and food security, reconnecting with family members, and finding employment. Yet research has shown

that when people are enrolled in health care upon release, they are more likely to engage in community-based services and less likely to recidivate. Providing Medicaid coverage prior to release will help with successful reentry.

### **Medicaid Reentry Act Helps Address Mental Health and Substance Use Needs**

Reentry is a particularly crucial period for those with mental illness and SUD because it is associated with significant stress and high risk of recidivism, relapse, or crisis. Nationally, about 80 percent of individuals released from prison in the United States each year have a SUD or chronic medical or psychiatric condition. These individuals have a higher risk of recidivism, frequently attributed to lack of timely access to critical services and supports for their condition. Individuals with a SUD face additional risks of experiencing a relapse. In fact, the risk of opioid-related overdose death dramatically increases in the first days and weeks after an individual with untreated opioid use disorder is released from jail or prison. According to one study, risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release. Providing a warm handoff to community-based mental health and substance use disorder services, medications, and supports will more effectively address mental health care needs immediately before and during reentry and help save lives.

### **Medicaid Reentry Act Promotes Greater Racial Justice and Equity**

Strengthening people's access to quality community-based health care is essential to fostering racial justice and equity. Systemic racism has resulted in an overrepresentation of Black and Brown people in our nations criminal justice system. It has also contributed in disparities in health care coverage and access. Black and Brown people experience poorer health outcomes, including higher rates of untreated mental health and SUD, and more recently higher rates of COVID-19 infection and mortality. Facilitating access to care through Medicaid has the possibility of improving health outcomes in communities of color and reducing continued involvement with the criminal justice system.

We believe that facilitating enrollment in Medicaid and supporting access to services following incarceration has the potential to make a significant difference in the health and well-being of people with mental illness and substance use disorders, reduce recidivism, promote the public health of the community, while addressing systematic racial injustices. We thank you for being a champion of this issue and hope that it will be quickly considered by both House and Senate. If you would like to discuss this issue further or have any questions, please contact Jennifer Snow at [jsnow@nami.org](mailto:jsnow@nami.org).

Sincerely,

A New PATH (Parents for Addiction Treatment & Healing)  
Addiction Policy Forum  
Addiction Professionals of North Carolina

Alabama Justice Initiative  
American Academy of Pediatrics  
American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
American Association for the Treatment of Opioid Dependence  
American Association Health and Disability  
American Association of Suicidology  
American Counseling Association  
American Foundation for Suicide Prevention  
American Jail Association  
American Psychiatric Association  
American Psychological Association  
American Society of Addiction Medicine  
Anxiety and Depression Association of America  
Aquila Recovery Clinic, Inc.  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral Health and Wellness  
Association of Maternal & Child Health Programs  
Athena R. Huckaby, MPH  
Baltimore Harm Reduction Coalition  
Behavioral Health Association of Providers  
CADA of NW Louisiana  
California Consortium of Addiction Programs & Providers  
Center for Law and Social Policy (CLASP)  
Central City Concern  
CIT International  
College and Community Fellowship  
College of Psychiatric and Neurologic Pharmacists (CPNP)  
Community Catalyst  
Community Oriented Correctional Health Services  
Correctional Association of New York  
CSH  
CURE (Citizens United for Rehabilitation of Errants)  
Depression and Bipolar Support Alliance  
Disability & Civil Rights Clinic at Brooklyn Law School  
Drug Policy Alliance  
EAC Network  
Eating Disorders Coalition for Research, Policy & Action  
Faces & Voices of Recovery  
Family-Run Executive Director Leadership Association (FREDLA)  
Fountain House

Freedom Agenda (Urban Justice Center)  
Georgians for a Healthy Future  
Global Alliance for Behavioral Health & Social Justice  
Greenburger Center for Social and Criminal Justice  
HIV Medicine Association  
Hour Children  
Inseparable  
International Bipolar Foundation  
International CURE  
Just City - Memphis  
Just Detention International  
JustLeadershipUSA  
Katal Center for Equity, Health, and Justice  
Lakeshore Foundation  
Legal Action Center  
Live4Lali  
Mental Health America  
Movement for Family Power  
NAADAC, the Association for Addiction Professionals  
NASTAD  
National Alliance for Medication Assisted Recovery (NAMA Recovery)  
National Alliance to End Homelessness (NAEH)  
National Alliance on Mental Illness (NAMI)  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health  
National Association for County Behavioral Health and Developmental Disability Directors  
National Association for Rural Mental Health  
National Association of Addiction Treatment Providers  
National Association of Clinical Nurse Specialists  
National Association of Counties (NACo)  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Commission on Correctional Health Care  
National Council for Behavioral Health  
National Health Care for the Homeless Council  
National Safety Council  
New Hour LI  
Operation Restoration  
Orleans Parish Sheriff's Office  
Osborne Association  
Partnership to End Addiction

Prison Families Anonymous  
Ruth McDaniels  
Safer Foundation  
Shatterproof  
SMART Recovery  
St Boniface Social Justice Action Committee, Brooklyn, NY  
The Jewish Federations of North America  
The Kennedy Forum  
The Ordinary People Society  
Treatment Advocacy Center  
Trinity Health  
Tzedek Association  
University of Denver Sturm College of Law  
Voice of the Experienced  
WCJA  
Well Being Trust  
Women & Justice Project  
Women on the Rise GA  
Young People in Recovery