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Medicaid Reentry Act – H.R. 4005

Background: The United States continues to be in the midst of a devastating opioid epidemic. 2016 was the deadliest year yet, with more than 64,000 dying from drug overdoses according to the Centers for Disease Control, an astonishing 21 percent increase from 2015. This is a national emergency that demands immediate action.

One particularly vulnerable population for overdose is individuals reentering society postincarceration. Studies have shown that individuals who are released back into the community post-incarceration are **roughly 129 times more likely to die of an overdose** in the first two weeks post-release compared to the general population. The risk of overdose is elevated during this period due to reduced physiological tolerance for opioids among the incarcerated population, a lack of effective addiction treatment options while incarcerated and poor care transitions back into the community. In 2015, <u>15 percent of overdose deaths</u> in Rhode Island involved individuals in their first year post-incarceration.

Medicaid is generally prohibited from paying for expenses incurred while a beneficiary is incarcerated, even when an incarcerated individual remains Medicaid eligible. The Medicaid Reentry Act would grant states limited new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release. By allowing states to restart Medicaid benefits prior to release, states would be able to more readily provide effective addiction treatment and care coordination services pre-release, allowing for smoother transitions to community care and reducing the risk of overdose deaths post-release. This new flexibility would dovetail with innovative reentry programs already being implemented in communities across the country and would give individuals reentering society a fighting chance to live a healthier, drug-free life.

This legislation does not expand Medicaid eligibility in any way.

<u>Support</u>: American Medical Association, American Psychiatric Association, Mental Health America, National Association of Counties, Treatment Advocacy Center, Community Oriented Correctional Health Services