The Medicaid Reentry Act
H.R. 1329, 116th Congress

“Our national response needs to rise to meet the unprecedented scale of this crisis.”
❖ Congressmen Paul Tonko, NY-20

America is gripped by a devastating epidemic

- Overdoses today are the **leading cause of death for Americans under 50**
- **More than 70,200 individuals died** of drug overdoses in 2017, our deadliest year yet (CDC)
  - This was roughly a 10% increase over the death toll in the previous year
- This is a national emergency that demands **immediate** action

One vulnerable population is at the epicenter

- Individuals reentering society after incarceration are some **129 times more likely to die of a drug overdose in the first two weeks** after release vs. the general population
- U.S. jails and prisons have a higher rate of substance use disorder (SUD) sufferers:
  - U.S. population: 8.5 percent
  - State prisons: 53 percent
  - Jails: 68 percent
- **Former inmates are uniquely vulnerable** due to reduced physiological tolerance for opioids, lack of effective addiction treatment options while incarcerated, and poor care transitions back into the community
  - In 2015, some **15% of ALL overdose deaths** in the entire state of Rhode Island involved individuals in their first year after incarceration

Congress Can Do Better!

❖ Medicaid is generally prohibited from paying for expenses incurred while a beneficiary is incarcerated, **even when an incarcerated individual remains Medicaid eligible**

**H.R. 1329: the Medicaid Reentry Act**

- **Grants states limited new flexibility** to restart benefits for Medicaid-eligible incarcerated individuals 30 days pre-release
- Makes it easier for states to provide effective addiction treatment and services, allowing for smoother transitions to community care and reducing risk of overdose deaths post-release
- **DOES NOT EXPAND MEDICAID ELIGIBILITY IN ANY WAY**


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