



Paul D. Tonko



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Statements on H.R. 4005: Medicaid Reentry Act

American Medical Association: “By allowing states to restart Medicaid coverage for eligible incarcerated individuals up to 30 days prior to their release, your bill would help to provide for critically needed health care, care coordination activities, and linkages to care for such individuals. This, in turn, would help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism.”

American Society of Addiction Medicine: “Mr. Tonko’s bill addresses this need directly by granting states limited new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release. With this flexibility, states would be able to facilitate access to medication treatment for inmates prior to release and better coordinate care with community providers, allowing for uninterrupted, evidence-based treatment for these individuals during a transition when they are at heightened risk of overdose and death. ASAM is pleased to support H.R. 4005, the Medicaid Reentry Act, and strongly recommends it be included in any final opioid-related legislation package sent to the House floor.”

American Psychiatric Association: “The Medicaid Reentry Act will have a positive impact on the ability of individuals leaving the criminal justice system to access and continue receiving quality mental health and substance use disorder services.”

International Community Corrections Association: “The Medicaid Reentry Act, we believe, will have an overall continued positive effect in reducing prison beds as well as reducing drug dependency while making our communities safer.”

Community Resources for Justice: “The Medicaid Reentry Act would allow inmates to begin their treatment prior to release and transition seamlessly to treatment in the community. Coverage under Medicaid 30 days prior to release from Prison or Jail would eliminate the break in the delivery of these essential lifesaving services. We believe that passage of HR 4005 will ensure continued treatment and dramatically reduce the death toll the opioid crisis has taken on our communities”

Committee Witness: Sam Srivastava, Magellan Health: *“Promoting healthcare transitions for individuals living with OUD and/or other SUD(s) whom are formerly incarcerated. We also strongly support additional resources for immediate “warm” handoffs (i.e., supported healthcare coverage and service transitions) to OUD and/or SUD treatment for Medicaid and Medicare enrollees in emergency departments after overdose and connecting family caregivers to appropriate support groups.”*

Committee Witness: Michael Botticelli, Grayken Center for Addiction at Boston Medical Center: “Overdose data in Massachusetts also shows that individuals recently released from incarceration overdose at 120 times the rate of the general public, most often within the first two weeks following release. This devastating trend emphasizes the need to focus on transitions to care for patients leaving incarceration, as well as treatment during incarceration, as several bills under review by this committee have proposed.”