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.

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 Clnic, 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