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November 3, 2017

The Honorable Paul D. Tonko
U.S. House of Representatives
2463 Rayburn House Office Building
Washington, DC 20515

Dear Representative Tonko:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express support for H.R. 4005, the “Medicaid Reentry Act.” The AMA commends you for introducing this important bill, which would provide states with the flexibility to restart Medicaid coverage for eligible incarcerated individuals up to 30 days prior to their release. Such coverage is critical to help start treatment for addicted individuals before they are released back to civilian life and will help to save lives from opioid overdose deaths once they are released.

It is widely acknowledged that the incarcerated population has a higher rate of chronic diseases, mental health conditions, substance use disorders, and contagious diseases than the general population. Moreover, recent research demonstrates that individuals who are released back into the community post-incarceration are approximately eight times more likely to die of an opioid overdose in the first two weeks after being released compared to other times. Federal law currently prohibits the use of Medicaid funds for the cost of any services provided to an “inmate of a public institution,” except when the individual is a patient in a medical institution. This policy, referred to as the Medicaid Inmate Payment Exclusion, has resulted in many states not enrolling their inmates in Medicaid. In addition, some state laws prohibit the submission of Medicaid applications during incarceration; whereas others permit submission, but no earlier than 30 days before release from custody. According to the Kaiser Family Foundation, the majority of states terminate, instead of suspend, Medicaid eligibility upon intake into a correctional system.

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.

Thank you again for sponsoring this bill.

Sincerely,

A handwritten signature in black ink that reads "James L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD