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The Honorable Mike Braun
U.S. Senate
404 Russell Senate Office Building
Washington, DC 20510

The Honorable Tammy Baldwin
U.S. Senate
709 Hart Senate Office Building
Washington, DC 20510

Dear Senators Braun and Baldwin:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express support for S. 285, the “Medicaid Reentry Act.” The AMA commends you for introducing this important bill, which would provide states with the flexibility to allow Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual’s release. Such coverage is critical to help start treatment for individuals with substance use disorders (SUDs) before they are released back to civilian life and will help to save lives from opioid and other drug 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 infectious diseases than the general population. Moreover, 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.

By allowing Medicaid assistance for eligible incarcerated individuals up to 30 days prior to their release, your bill would help to provide for critically needed health care services, care coordination activities, and linkages to care for such individuals. This, in turn, could help establish coverage effective upon release, assist with transition to care in the community, help reduce recidivism, and help save lives.

Thank you again for sponsoring this legislation.

Sincerely,

James L. Madara, MD