LAW ENFORCEMENT LEADERS
To Reduce Crime & Incarceration

Hon. Ron Wyden
United States Senate
221 Dirksen Office Bldg.
Washington, D.C. 20510

Hon. Mike Crapo
United States Senate
239 Dirksen Office Bldg.
Washington, D.C. 20510

Hon. Tammy Baldwin
United States Senate
709 Hart Office Bldg.
Washington, D.C. 20510

Hon. Mike Braun
United States Senate
404 Russell Office Bldg.
Washington, D.C. 20510

July 13, 2021

**RE: Law Enforcement Leaders Support for the Medicaid Reentry Act of 2021 (S. 285)**

Dear Chairman Wyden, Ranking Member Crapo, Senator Baldwin, and Senator Braun:

On behalf of Law Enforcement Leaders to Reduce Crime & Incarceration, a coalition of over 200 current and former law enforcement officials across the political spectrum, we write in support of **S. 285, the Medicaid Reentry Act of 2021** (the "Act"). The Act would restore federal healthcare benefits to eligible incarcerated people within 30 days prior to their release. Since 1965, the Medicaid Inmate Exclusion Policy ("MIEP") has denied healthcare coverage to incarcerated individuals, even those not convicted of any crimes. This outdated policy also bars children detained in juvenile facilities from accessing the Children's Health Insurance Program (CHIP).[1] By passing the Act, Congress has an opportunity to grant incarcerated people healthcare coverage, so they can safely reenter their communities without harmful disruptions to services, medications, and treatments.[2]

This modest reform is critical, considering incarcerated people are among our nation's most vulnerable residents, disproportionately suffering from a series of medical conditions that range from substance use to mental health issues (or worse, both). Indeed, some 44 percent of incarcerated people have been diagnosed with a mental health disorder and 65 percent with a substance use disorder.[3] Over the years, jails, in particular, have seen a rise in incarcerated individuals struggling with these conditions, such that three jails — in Los Angeles, Chicago, and New York City — serve as the largest mental healthcare institutions in America.[4] Making matters worse, states are incarcerating a rapidly aging population, leaving them to care for elderly individuals who often require more complex medical attention.[5]

The impact of the COVID-19 pandemic on prisons and jails demonstrates this very point. As seen over the past year, the combination of an aging population and high rates of preexisting medical conditions left incarcerated people particularly vulnerable to viral infections. Individuals behind bars experienced COVID-19 infection rates 5.5 times higher and death rates three times higher than the

general population.[6] In some jurisdictions, the pandemic also exacerbated preexisting medical conditions. To take just one example, prior to COVID-19, approximately 50 percent of the incarcerated population in a Massachusetts county jail had been diagnosed with a mental health condition; since the onset of the pandemic, that number has risen to 69 percent — with 87 percent of this group experiencing a co-occurring substance use issue as well.[7] As the Act recognizes, the presence of complex medical issues among incarcerated people, especially during a pandemic, can make any lapse in medical care upon release potentially deadly.

Considering the prevalence of medical conditions behind bars, Congress could notably reduce recidivism rates by granting incarcerated people access to Medicaid and CHIP. Current re-arrest rates among individuals struggling with mental health issues are high: 60 percent within five years of release from state prisons and local jails.[8] And, especially for individuals with substance use issues, there can be great risk of personal harm and death following a period of incarceration. In fact, within the first two weeks of release, formerly incarcerated individuals are 129 times more likely to die from drug overdose.[9] However, when incarcerated people leave carceral settings with healthcare coverage, they are more likely to smoothly transition into their communities, and are better equipped to address the root causes of their crimes — such as substance use and mental health issues — with medication, treatment, and other interventions. Alternatively, leaving formerly incarcerated people without access to medical care puts them at risk of harm, threatens public safety, and wastes valuable law-enforcement resources on ceaseless cycles of re-arrest and incarceration.[10]

Finally, the Act can save jurisdictions money in the long-term. Providing adequate medical care to meet the unique needs of incarcerated people is costly for states and localities. Most recent estimates found that 44 states spent $6.5 billion on prison health care spending in one year alone.[11] But passing the Act would result in fewer emergency room visits and lower rates of re-arrest and incarceration, thus alleviating taxpayer dollars to be better spent on preventative crime measures and other critical community needs.[12]

For the reasons mentioned above, we respectfully urge the Senate Committee on Finance to pass the Medicaid Reentry Act and continue to support this important piece of legislation on the Senate floor.

Respectfully yours,

**Ronal W. Serpas, Ph.D.**
Executive Director
Law Enforcement Leaders to
Reduce Crime & Incarceration
Retired Police Superintendent
New Orleans, Louisiana

[1]Alexandra Gates, Samantha Artiga, and Robin Rudowitz, *Health Coverage and Care for the Adult Criminal Justice-Involved Population*, Henry J. Kaiser Family Foundation, 2014, https://www.kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/; Julia A. Keyser, *Medicaid and Incarcerated Individuals*, Congressional Research Service, 2021, https://crsreports.congress.gov/product/pdf/IF/IF11830#:~:text=The%20Medicaid%20Reentry%20Act%20of%202021%20(H.R.&text=285)%20would%20remove%20the%20Medicaid,release%20from%20a%20public%20institution.

[2] Natasha Camhi, Dan Mistak, and Vikki Wachino, *Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System*, Commonwealth Fund, 2020, https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/medicaid-role-health-people-involved-justice-system.

[3] Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*, U.S. Department of Justice, Bureau of Justice Statistics, 2017, 1, https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf; *Criminal Justice DrugFacts*, National Institute on Drug Abuse, 2020, https://www.drugabuse.gov/download/23025/criminal-justice-drugfacts.pdf?v=25dde14276b2fa252318f2c573407966.

[4] Eric Westervelt, "America's Mental Health Crisis Hidden Behind Bars," *NPR*, February 25, 2020, https://www.npr.org/2020/02/25/805469776/americas-mental-health-crisis-hidden-behind-bars; Ronal W. Serpas, "A Smarter Public Safety Model," *Police Chief Magazine*, January 2021, https://www.policechiefmagazine.org/smarter-public-safety-model/.

[5] Emily Wildra, "Since you asked: How many people aged 55 or older are in prison, by state?," *Prison Policy Initiative*, May 11, 2020, https://www.prisonpolicy.org/blog/2020/05/11/55plus/.

[6] Camhi, Mistak, and Wachino, *supra* note 2.

[7] Editorial Board, "Where mental illness and criminal justice meet," *Boston Globe*, June 15, 2021, https://www.bostonglobe.com/2021/06/15/opinion/where-mental-illness-criminal-justice-meet/.

[8] E. Fuller Torrey et al., *Treat or Repeat: A State Survey of Serious Mental Illness, Major Crimes and Community Treatment*, Treatment Community Advocacy Center, 2017, 13, https://www.treatmentadvocacycenter.org/storage/documents/treat-or-repeat.pdf.

[9] Ingrid A. Binswanger et al., "Release from Prison," *New England Journal of Medicine* 356 (2007): 157-165, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836121/; Ingrid Binswanger et al., "Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors," *Addiction Science and Clinical Practice* 7 (2012): 3-9, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3414824/; Armita Adily et al., "Association Between Early Contact With Mental Health Services After an Offense and Reoffending in Individuals Diagnosed With Psychosis," *Jama Psychiatry* 77 (2020): 1137-1146, https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2768025.

[10] Alexi Jones and Wendy Sawyer, *Arrest, Release, Repeat*, Prison Policy Initiative, 2019, https://www.prisonpolicy.org/reports/repeatarrests.html.

[11] *Managing Prison Health Care Spending*, PEW Charitable Trusts and John D. and Catherine T. MacArthur Foundation, 2013, 2, https://www.pewtrusts.org/-/media/legacy/uploadedfiles/pcs_assets/2014/pctcorrectionshealthcarebrief050814pdf.pdf.

[12] Torrey et.al, *supra* note 8, at 12.