

National Academies of Sciences, Engineering, and Medicine Panel Recommends Medicaid Services 30 Days Pre-Release

On October 20, an expert panel convened by the National Academies of Sciences, Engineering, and Medicine issued recommendations for addressing COVID-19 in correctional facilities. The report, "[Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity and Safety](#)," assessed the response to COVID-19 and corrections and issued best practice recommendations.¹ The report focused on the need to decarcerate and expand re-entry services, and one of its recommendations highlighted the critical role Medicaid could play in covering health services provided in correctional settings in the 30 days prior to release. This recommendation aligns with language under consideration by Congress as part of a larger coronavirus relief package.

The need to integrate correctional and community health underpins the panel's recommendations. Noting that correctional health operates at a remove from public health and is not integrated into pandemic response planning, the panel stated that "[t]he current public health emergency necessitates a broad conception of public safety that includes the threats to life and health posed by the virus."²

This paper highlights some of the panel's significant findings and recommendations:

The incidence of COVID-19 is disproportionately high for people who are incarcerated and correctional staff. The report found that rates of COVID-19 are nearly five times higher for people who are incarcerated and three times higher among correctional staff than they are for the general population. The report noted that COVID-19d case rates in prisons and jails are contributing to national case rates and that they may be contributing to higher prevalence of COVID-19 cases in predominantly Black and Hispanic communities than in White communities.

Decarceration is a best practice, but has been deployed to a very limited extent. The panel recommended decarceration, including both diversion prior to admission and reducing incarcerated populations through release strategies, as an "appropriate and necessary mitigation strategy to reduce exposure to and transmission of COVID-19."³ It noted that

¹ Full report available at <https://www.nap.edu/read/25945/chapter/1>. Report highlights available at <https://www.nap.edu/resource/25945/Decarceration.pdf>.

² P. S-1.

³ P. S-10.

decarceration should be undertaken in concert with other public strategies in corrections, such as social distancing and cleaning.

Reentry health, housing and income support services are essential, including expanding Medicaid's role. The panel noted the critical need to connect people to services, including health care services, as they are being released, in order to mitigate the impact of COVID-19. They recommended that decarceration be supported through "individualized reentry plans" that bundle health, housing and income support services.⁴

Noting that Medicaid is the primary health coverage mechanism for people affected by incarceration, the panel recommended that Medicaid cover services provided to people who are incarcerated in the 30 days prior to release. Currently, Congress is considering a legislative proposal aligned with the experts' recommendations as part of a larger potential COVID-19 relief package. The legislation would authorize Medicaid to cover, for the first time, services to incarcerated beneficiaries in the 30 days prior to release.⁵ This would revise Medicaid's "inmate exception," which prevents Medicaid from covering services when an individual is incarcerated, even if that person is otherwise enrolled in Medicaid. The panel noted that Medicaid coverage of services in the correctional settings in the 30 days prior to release would strengthen health care services.

The report and its recommendations demonstrate that Medicaid is an essential component of protecting public health and public safety. The panel's findings reaffirm the need to pass, as part of the broader COVID-19 response, the provision in the current House legislation that would allow for Medicaid to pay for critical services in the 30 days before release back to the community.

⁴ P.5-16.

⁵ This provision, the Medicaid Reentry Act, was included in the coronavirus relief package that the House passed in May and again in September, the Health and Economic Recovery Omnibus Solutions Act. For more information on the Medicaid Reentry Act and its key role in mitigating COVID-19, see <https://cochs.org/medicaid/reentry-act/>.