Dear Colleague:

Our public health and public safety systems both face a time of unprecedented challenge. COVID-19’s impact in prisons and jails is contributing to significant racial disparities and limits our nation’s ability to mitigate COVID-19 transmission. At the same time, the nation is reckoning with the damaging role that decades of criminal justice policies have played for black people and the communities in which they live. A provision in COVID relief legislation currently before Congress could both improve the correctional response to COVID-19 and remedy a serious inequity that exists in the structure of health care provision in the criminal justice system. COCHS is writing to draw your attention to this proposal, which would allow Medicaid coverage in the 30 days prior to release, and to share two new fact sheets about the legislation:

- The Reentry Act’s Impact on Health Care and the Criminal Justice System
- The Reentry Act: An Essential Component of the COVID-19 Public Health Response

The heavy toll that the COVID-19 pandemic is exacting on people who are involved in the criminal justice system affirms that our public health and public safety responses are intertwined. In some correctional facilities the rate at which people who are incarcerated test positive for COVID-19 is as high as 78 percent. There were at least 11,170 confirmed cases among staff as of June 10. In the nation’s jails, many individuals cycle between the broader community and the jail, creating risks that the virus will spread inside and outside of jails. In response, many jurisdictions are releasing detainees based on health and justice risk assessment, which is widely considered a best public health practice. It is clear that racial and ethnic minorities are disproportionately affected by COVID-19. They are also overrepresented in the criminal justice system—compounding the health inequities. It is essential to safely decarcerate and protect the health of people who are directly affected by these systems.

Supporting the health and social needs of people as they are released from jail or prison is key to helping people successfully return to their communities and mitigating the impact of the COVID-19 pandemic. Unfortunately, the economic fallout from the pandemic is reducing access to reentry services at a time when the need for them has never been more critical. Three quarters of reentry service providers are scaling back services or closing their doors, according to a recent survey. Reentry services connect people transitioning back to communities to health care, housing, and other services. The nation needs more, not less, of these supports. Many of the communities that these individuals come from, however, are hard hit by the coronavirus. Service reductions are adding to the health risks that people and communities face as they are released from prison or jail during the pandemic.

COVID relief legislation moving through Congress offers an unprecedented opportunity to build stronger health care systems for people who are leaving incarceration. Section 30110 of the HEROES Act, which the House passed last month, would allow Medicaid to cover health services in the last thirty days before an individual is released from prison or jail. Under current law, Medicaid does not cover health services when people are incarcerated. People who are incarcerated are considered “inmates of a public institution” and barred from receiving
Medicaid benefits, even though most detained individuals are Medicaid eligible. This policy creates gaps that prevent people from accessing needed services and medications at release. Access to COVID-19 testing and treatment as people transition back to communities is interrupted. The Medicaid “inmate exclusion” also stands in the way of addressing comorbid conditions that are COVID risk factors, and limits continuity of mental health and substance use treatment, although continuity is essential to addressing COVID-19.

The provision of the House COVID relief legislation that provides for pre-release Medicaid services was originally introduced as the Medicaid Reentry Act by Representatives Tonko (D-NY), Turner (R-OH) and Sensenbrenner (R-WI). Senator Schatz (D-HI) introduced legislation in the Senate last month. This legislation would significantly strengthen local, state and national approaches to connecting people to health care as they leave incarceration, advancing connections to COVID testing and treatment and other health care services people need to return to their communities. The impact of this legislation may be particularly great in jails, where the majority of stays are shorter than 30 days.

Although this provision passed the House, the Senate is still considering whether it will move forward with a comprehensive COVID-relief package, and what provisions it will include in any such measure. To assist partner organizations in assessing the implications of this important proposal, is the reason COCHS has created the two fact sheets announced above. The first discusses the importance of the Reentry Act in ensuring access to and continuity of care for justice-involved individuals. The second describes how the Reentry Act will advance the national response to COVID-19.

Strengthening Medicaid’s role to allow it to support reentry services is an essential component of an overall public health strategy to reduce transmission of the coronavirus and mitigate potential future COVID surges. It will also address the significant inequity that exists between incarcerated and nonincarcerated people in how health care services are provided and financed. Remedying this inequity is a longstanding COCHS goal that has particular resonance as the nation reexamines its commitment to racial justice following the death of George Floyd last month. Expanding access to community behavioral health, including crisis intervention and diversion services, are also essential to advancing public health, public safety, equity, and community health.

We hope these fact sheets are valuable as you work with policymakers and stakeholders to advance strong approaches to COVID in the criminal justice and health systems that can remedy inequities that exist in these systems. COCHS looks forward to working with you to improve the systems and services that touch the lives of justice-involved individuals.

Sincerely,

Vikki Wachino
Chief Executive Officer, COCHS