Health Care in Motion

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New Opportunities to Improve Health Care Access for People Leaving Incarceration

People leaving incarceration often face a host of health challenges, including high rates of chronic physical and behavioral health conditions, barriers to coverage, and health-related social needs. Of particular concern, during the period following release, this population faces elevated rates of death from overdose, cardiovascular disease, and suicide. As a result, federal and state policymakers are focusing increasing attention on opportunities to help smooth these transitions. A recent Health Care in Motion discussed the opportunity for states to provide Medicaid services for those due to be released from incarceration through new Medicaid Section 1115 reentry waivers. In addition, a host of other federal initiatives have also been focused on reentry. Many of these initiatives are described in a recent fact sheet from the Administration detailing its commitment to supporting successful reentry. Read on to learn more.

Making It Easier to Get Insurance and Transition Care Upon Release

An important facet of successful reentry, particularly for people living with chronic health conditions, is access to health coverage and care upon release. The relatively low incomes of most people impacted by incarceration mean that a large percentage of individuals leaving carceral facilities are eligible for Medicaid, especially in states with Medicaid expansion. Because of the outsized role Medicaid plays for this population, Congress has taken several steps that will hopefully make it easier to access Medicaid following incarceration. Each of these actions is designed to limit the friction points for coverage access when someone leaves jail or prison.

Table 1: Medicaid Reentry Legislation

Provision	Impact on Medicaid
Consolidated Appropriations Act of 2024	Currently, when an adult Medicaid enrollee is incarcerated, a state can either suspend their Medicaid benefits or terminate coverage completely, meaning that the person will have to submit a new application for enrollment when they are released. The CAA of 2024 requires states to suspend rather than terminate Medicaid for all Medicaid beneficiaries who are incarcerated starting in 2026 and provides capacity building funds for states to prepare systems for this

	change. Many states had already been doing this, but the CAA makes the policy mandatory.
Consolidated Appropriations Act of 2023	Requires states to cover case management and some diagnostic and screening services for youth prior to and immediately following release. Allows states to provide Medicaid services to youth who are incarcerated pending disposition of charges. This policy will take effect beginning in 2025.
The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) of 2018	Directs CMS to issue guidance on Section 1115 waivers for prerelease coverage of people leaving incarceration. CMS issued this guidance in April 2023, as discussed in our previous Health Care in Motion on reentry. The SUPPORT Act also prohibited suspension rather than termination of coverage for incarcerated youth.

For more details on the above policies, including when to expect additional guidance from the Administration, see the Health and Reentry Project's Fact Sheet: Medicaid's New Role in Advancing Reentry: Key Policy Changes.

In addition to policies that ease transitions to Medicaid, the Administration has announced other policies aimed at helping people leaving incarceration more easily access Medicare and Marketplace plans through the availability of Special Enrollment Periods (SEPs). An SEP allows someone to enroll in coverage outside of standard enrollment periods.

- **For Medicare**, there is now an SEP for formerly incarcerated people who did not enroll in Premium Part A or Part B because they were incarcerated. The SEP begins on the day the person is released from incarceration and the SEP ends the last day of the 12th month after the person I released. The new SEP allows people to enroll in Medicare without having to wait until the next Medicare General Enrollment Period and without having to pay a late enrollment penalty.
- **For Marketplace coverage,** people leaving incarceration have been covered under the longstanding SEP for a permanent move, which allows someone newly released from incarceration to enroll in Marketplace coverage in the 60 days following release. Though this is not a new SEP, it is now part of a more cohesive set of federal policies aimed at eliminating gaps in access to care and treatment when people leave incarceration.

Finally, recognizing the important role that community health centers play in providing care to people leaving incarceration, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) recently announced the availability of $51 million in grant funding to support 51 community health centers to strengthen care transitions. Funds will support health centers to focus on drug overdose risk, mental health and substance use disorder treatment needs, management of chronic conditions, and preventing, screening, diagnosing, and treating hepatitis C, HIV, syphilis, and other infectious diseases. Along with the new funding announcement, HRSA released a draft Policy Information Notice to provide guidance for community health centers that provide services to incarcerated individuals who are within 90 days of their scheduled release.

The guidance includes information about written policies and agreements with carceral authorities health centers must have in place, as well as the specific allowable in-scope services that can be provided (including care coordination, health evaluations, screening and treatment for HIV, hepatitis C, and sexually transmitted infections, and behavioral health services). Notably, the guidance does not apply to people incarcerated by the federal government or to pretrial detainees—the latter of which accounts for more than two thirds of people incarcerated in local jails at a given time.

Meeting the Health-Related Social Needs of People Leaving Incarceration

Improving the health outcomes of people leaving incarceration will also require strategies to better meet the health-related social needs of these individuals, who are often released without secure and stable access to housing, income, transportation, and other basic needs. The Administration has adopted several policies that may help address these needs. Below are a few highlights:

- **Housing:** The Department of Housing and Urban Development (HUD) released a proposed rule in April 2024 to amend existing regulations that limit applicants with criminal records or a history of criminal justice system involvement from accessing housing assistance. Instead of categorical denials of housing assistance for people with criminal convictions, the new rule adopts a more individualized approach, weighing mitigating factors and looking at multiple sources of information. Comments to this rule are due June 10, 2024.

- **Identification Documents**: Recognizing that many people leaving jail or prison do not have state-issued identification, which is important to secure housing, employment, health insurance, and other benefits, the Bureau of Prisons developed a "Release ID Card" that provides people leaving federal incarceration with a temporary form of identification. States may choose to recognize the Release ID Card for obtaining state identification, and as of April 2024, 21 states have done this.

- **Jobs**: Finding employment after leaving incarceration can also be difficult. Earlier this year, the Department of Labor announced the availability of $52 million in "Pathway Home" grants for re-entry services for individuals leaving state or local prisons and jails. These funds go to organizations that provide reentry services and support job training, job search skills development, and partnerships with employers.

What's Next?

The federal initiatives discussed above are important steps to addressing the health care, social services, and public health needs of people leaving incarceration settings. However, the impact of these initiatives will largely depend on how effectively they are implemented and scaled up. The Medicaid policy changes that require states to suspend rather than terminate Medicaid enrollment during incarceration, for instance, will require a more sophisticated data tracking system than many state Medicaid programs currently have. Similarly, while the grant funding for community health centers recognizes the pivotal role these safety net clinics can play in reentry efforts, it is a relatively small amount of funding and will only reach a fraction of the more than 1,400 federally funded community health centers. Moreover, leveraging the expertise of impacted communities and people, community-based organizations, and community

providers will be central to creating meaningful access. As new approaches to reentry emerge, it will be critical to continue identifying promising practices that can be replicated across the country, and to leverage new data about the innovations that are most effective to expand the impact of successful strategies.

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