

Require access to Rx for opioid-use disorder in prisons, jails

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More than 90,000 people died from a drug overdose during a 12-month period ending in September—the highest number ever recorded in the U.S. Nearly 5% of those deaths were among people who had been released from prison or jail in the past month, according to research cited in a resolution presented at the June 2021 AMA Special Meeting.

“Access to medication treatment in correctional facilities is not only protected by the law, but it is essential for providing evidence-based care for our patients with a substance use disorder,” said AMA Board of Trustees member Willie Underwood III, MD, MS, MPH. “We call on all jails, prisons, drug diversion and community re-entry programs to save lives by ensuring access to mental health and substance-use disorder treatment.”

To help ensure that treatment is available in correctional facilities and upon release, delegates modified existing policy to:

- Endorse the medical treatment model of employing medications for opioid-use disorder (OUD) as the standard of care for persons with OUD who are incarcerated, an endorsement in collaboration with relevant organizations including but not limited to the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry.
- Advocate for legislation, standards, policies and funding that require correctional facilities to increase access to evidence-based treatment of OUD—including initiation and continuation of medications for OUD—in conjunction with psychosocial treatment when desired by the person with OUD, in correctional facilities within the United States, and that this apply to all individuals who are incarcerated, including individuals who are pregnant, postpartum, or parenting.
- Advocate for legislation, standards, policies and funding that require correctional facilities within the United States to work in ongoing collaboration with addiction treatment physician-led teams, case managers, social workers and pharmacies in the communities where parents, including individuals who are pregnant, postpartum or parenting, are released to offer post-incarceration treatment plans for OUD. Such plans should include education,

medication for addiction treatment and counseling, and medication for preventing overdose deaths, including naloxone—or any other medication that is approved by the U.S. Food and Drug Administration for the treatment of an opioid overdose—and help ensure post-incarceration medical coverage and accessibility to mental health and substance-use disorder treatments that include medication and behavioral health and social supports for addiction treatment.

Advocate that all correctional facilities use a validated screening tool to identify opioid withdrawal and take steps to determine potential need for treatment for OUD and opioid withdrawal syndrome for all persons upon entry.

In addition, delegates amended a separate existing AMA policy to:

Advocate and require a smooth transition, including partnerships and information sharing between correction systems, community health systems and state insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system.

Advocate that Congress repeal the “inmate exclusion” of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering health care services in jails and prisons.

Advocate that Congress and the Centers for Medicare & Medicaid Services revise the Medicare statute and rescind related regulations that prevent payment for medical care furnished to a Medicare beneficiary who is incarcerated or in custody at the time the services are delivered.

Collaborate with state medical societies, relevant medical specialty societies and federal regulators to emphasize the importance of hygiene and health-literacy information sessions, as well as information sessions on the science of addiction, evidence-based addiction treatment including medications, and related stigma reduction, for both individuals who are incarcerated and staff in correctional facilities.

Advocate for the continuation of federal funding for health insurance benefits, including Medicaid, Medicare, and the Children’s Health Insurance Program, for otherwise eligible individuals in pre-trial detention.

Advocate for the prohibition of the use of co-payments to access health care services in correctional facilities.

The updated policy builds on AMA advocacy in the courts and state legislatures to increase access to evidence-based care for justice-involved individuals. The action taken by the House of Delegates also complements 2019 AMA Opioid Task Force recommendations urging lawmakers to protect incarcerated patients’ access to evidence-based care for OUD.

Read about the other highlights from the June 2021 AMA Special Meeting.