Whereas, Our AMA has established policy in item 6 of Policy H-430.986, “Health Care While Incarcerated,” to “urge the Center for Medicare and Medicaid Services (CMS) and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from correctional facilities”; and

Whereas, Medicare and Medicaid are legally prohibited by the inmate exclusion provision, section 1905(a)(29) of the Social Security Act¹, from paying for expenses incurred while a beneficiary is incarcerated, thus requiring Congressional action before CMS and states can implement the policy that our AMA supports in H-430.986; and

Whereas, A bipartisan Congressional bill, H.R. 1329, introduced to the 116th Congress by Rep. Paul Tonko (D-NY) & Rep. Michael Turner (R-OH)² and known as the Medicaid Reentry Act, would amend the inmate exclusion provision to grant states flexibility to restart benefits for Medicaid-eligible incarcerated individuals during the 30 day period preceding the date of release; and

Whereas, The AMA has not yet announced support for the Medicaid Reentry Act as of October 13, 2019; therefore be it

RESOLVED That our American Medical Association amend item #6 of HOD Policy H-430.986, “Health Care While Incarcerated,” by addition of the word "Congress" to read as follows:

6. Our AMA urges Congress, the Centers for Medicare & Medicaid Services (CMS), and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from correctional facilities in order to help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 10/17/19

RELEVANT AMA POLICY

Health Care While Incarcerated H-430.986
1. Our AMA advocates for adequate payment to health care providers, including primary care and mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to re-entry into the community.
2. Our AMA supports partnerships and information sharing between correctional 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.
3. Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from juveniles and adults who are incarcerated.
4. That our AMA encourage state Medicaid agencies to work with their local departments of corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.
5. Our AMA encourages states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal justice system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.
6. Our AMA urges the Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from correctional facilities in order to help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism.
7. Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of incarcerated women and adolescent females, including gynecological care and obstetrics care for pregnant and postpartum women.
8. Our AMA will collaborate with state medical societies and federal regulators to emphasize the importance of hygiene and health literacy information sessions for both inmates and staff in correctional facilities.
9. Our AMA supports: (a) linkage of those incarcerated to community clinics upon release in order to accelerate access to comprehensive health care, including mental health and substance abuse disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding; and (b) the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community.

Citation: CMS Rep. 02, I-16; Appended: Res. 417, A-19; Appended: Res. 420, A-19