AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 127
(A-22)

Introduced by: Michigan

Subject: Continuity of Care Upon Release from Correctional Systems

Referred to: Reference Committee A

Whereas, The rate of recidivism, or the re-entry of formerly incarcerated people, is 70 percent in the United States of America, and more than 50 percent of those incarcerated have been incarcerated more than once, and

Whereas, Roughly 20-25 percent of those incarcerated have a severe mental illness with up to 90 percent reporting consistently poor mental health, and

Whereas, Mental health problems are by far the most significant cause of morbidity and the vast majority of mental health conditions are not detected upon release, and

Whereas, The general American population has a substance use rate of approximately seven percent, people who are incarcerated have a substance use rate of approximately 38 percent and are found to relapse approximately 50 percent of the time post-release, and

Whereas, Incarcerated people with major psychiatric disorders are at an increased risk of multiple incarcerations, and risk factors such as certain psychiatric disorders, substance use, and lack of treatment adherence are risk factors for recidivism within the correctional system, and

Whereas, For formerly incarcerated people, the mental and substance use services they receive post-release are critical but inconsistent or inadequate, and

Whereas, Assertive and continuous post-release social work, consisting of frequent mental health check-ins and referrals to addiction support groups significantly showed more post-release connections to mental health services as well as a significant reduction in recidivism, and

Whereas, Only 28 percent of county jails screen inmates for Medicaid eligibility after release, and in the U.S., 16 states have no formal procedure to enroll people in Medicaid post-release, which serves as a barrier to crucial health care services, and

Whereas, These barriers not only lead to worsened and more costly health outcomes, but it also increases the rates of recidivism, and

Whereas, Recidivism rates have been shown to fall when newly released incarcerated people have assistance in accessing medications, their medical records, and primary and specialty care, and

Whereas, In a national study of 1,434 ex-prisoners, 31.7 percent had three or more emergency department (ED) visits compared with only 6.5 percent of adults in the general population having two or more ED visits, and

Whereas, Individuals with recent criminal justice involvement represent only 4.2 percent of the population, but they make up 8.5 percent of all ED expenditures, which translates to an additional $5.2 billion in annual spending across the health care sector, and

Whereas, When inmates in Rhode Island received medications for opioid use disorder while incarcerated, post-release emergency department visits were decreased, and similarly when inmates leaving prisons in California received transitional care (including medication refills and expedited primary care appointments), they had half as many annual emergency department visits, and

Whereas, In Ohio the Medicaid Pre-Enrollment Reentry program resulted in 30 percent of newly enrolled individuals participating in substance use treatment and 38 percent of individuals reporting the cost relief by Medicaid reduced their odds of recidivism, and

Whereas, In 2020, Maryland's Returning Citizens HealthLink Program worked with 3,453 inmates and determined that 86.8 percent qualified for Medicaid; of those that qualified, 89 percent were enrolled prior to release; therefore be it

RESOLVED, That our AMA amend policy AMA policy H-430.986, "Health Care While Incarcerated," by addition to read as follows:

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 advocates and requires a smooth transition including 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. Our AMA encourages 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 advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal legal system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.
6. Our AMA advocates for Congress to repeal the "inmate exclusion" of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons.
7.Our AMA advocates for Congress and the Centers for Medicare & Medicaid Services (CMS) to 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.

8. Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum.
9. Our AMA will 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.
10. 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 use 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; and (c) the provision of longitudinal care from state supported social workers to perform foundational check-ins that not only assess mental health but also develop lifestyle plans with newly released people to support their employment, education, housing, healthcare, and safety.
11. Our AMA advocates 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.
12. Our AMA advocates for the prohibition of the use of co-payments to access healthcare services in correctional facilities. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

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RELEVANT AMA POLICY

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