



Curbing the Nation's Substance Use Crisis

BOTTOM LINE



Curbing our nation's substance use and overdose epidemic requires passing the **SUPPORT for Patients and Communities Reauthorization Act** and expanding access to care for one our nation's most vulnerable populations.

THE ASK



Cosponsor and support the passage of the **SUPPORT for Patients and Communities Reauthorization Act (H.R. 4531)**, the **Due Process Continuity of Care Act (H.R. 3074/S. 971)** and the **Reentry Act (H.R. 2400/S. 1165)**.

WHY WE NEED THIS LEGISLATION

The United States continues to be ravaged by an overdose epidemic, claiming lives in communities across the country. The lasting effects of the COVID-19 pandemic, leading to increased incidences of anxiety, depression, and higher rates of substance use, coupled with rising rates of illicitly manufactured fentanyl, contributed to more than 105,000 people losing their lives to drug overdose in 2022 according to the Centers for Disease Control and Prevention (CDC).¹ Drug overdoses are the current leading cause of accidental death in the U.S. with more than 2,000 daily emergency department visits related to opioid misuse.^{2,3} More can and must be done to save lives by:

- Reauthorizing expiring provisions of the SUPPORT for Patients and Communities Act, landmark legislation originally passed in 2018.

- Amending the Medicaid Inmate Exclusion Policy to allow for Medicaid reimbursement for medical services furnished to incarcerated individuals prior to adjudication.

- Allowing Medicaid payment for medical services provided to incarcerated individuals in the 30 day period preceding their release to ensure a warm handoff to community-based care for their substance use (SUD) and/or mental health treatment needs.

If passed, the three pieces of legislation currently under consideration would expand access to treatment and recovery services, bolster the workforce and provide crucial health care services to incarcerated populations.

WHY ARE THESE THREE PIECES OF LEGISLATION IMPORTANT?

Substance use disorder services are still woefully underfunded at the federal level and current programs are set to expire. The SUPPORT for Patients and Communities Reauthorization Act (H.R. 4531) reauthorizes the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program, which bolsters the workforce by providing loan repayment opportunities for SUD treatment and recovery providers. The legislation would also continue critical recovery efforts by reauthorizing the Building Communities of Recovery (BCOR) program and Comprehensive Opioid Recovery Centers (CORC). In addition, the SUPPORT for Patients and Communities Reauthorization Act makes several changes in Medicaid including:

- Permanent extension of the state Medicaid plan requirement to cover all medications for opioid use disorder (MOUD) and related counseling and behavioral therapies.

- Making permanent a state plan amendment (SPA) option to partially lift the Institutions for Mental Disease (IMD) exclusion by allowing Medicaid programs to cover SUD inpatient treatment in facilities with more than 16 beds for up to 30 days of treatment per year.

- Permitting Qualified Residential Treatment Programs (QRTPs) to bill Medicaid for health care services provided outside of QRTPs and other facilities falling under the IMD exclusion.

- An amendment to the Medicaid Inmate Exclusion Policy to permit Medicaid coverage for pregnant women who are incarcerated pending disposition of charges.

Incarcerated individuals lose Medicaid benefits after arrest. According to the Bureau of Justice Statistics, nearly half of people in the criminal justice system have a diagnosable mental health condition.⁴ In addition, approximately 65% of incarcerated individuals have an active SUD.⁵ The Medicaid Inmate Exclusion Policy prohibits states from billing Medicaid for services furnished to incarcerated individuals, including those who have incarcerated but have not been tried or convicted of a crime. The Due Process Continuity of Care Act (H.R. 3074/S. 971) allows Medicaid payment for medical services furnished to incarcerated individuals prior to adjudication.

It can take months for newly released individuals to reenroll in Medicaid and start receiving benefits. The first two weeks after release from incarceration, a person is at the highest risk for an overdose. In fact, recently released individuals are roughly 12.7 times more likely to die of a drug overdose during this time compared to the general population. The Reentry Act (H.R. 2400/S. 1165) allows Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release. Equipping individuals with timely access to substance use, mental health and other health-related services before release will facilitate the transition to care necessary to break the cycle of recidivism and prevent death and other harms.

Passage of these three bills expands access to substance use disorder care and saves lives. The SUPPORT for Patients and Communities Reauthorization Act, Due Process Continuity of Care Act and Reentry Act would provide critical services to individuals struggling with substance use or a mental health challenge and for those who are incarcerated. As the nation continues to lose hundreds of thousands of Americans to drug overdose every year, we must do all we can to ensure states and providers in the community are properly equipped to identify, treat, refer and manage care for individuals with SUD, especially for vulnerable individuals in carceral settings.



- ¹ Centers for Disease Control and Prevention. (2023, May 18). *Provisional Data Shows U.S. Drug Overdose Deaths Top 100,000 in 2022*. <https://blogs.cdc.gov/nchs/2023/05/18/7365/>
- ² Centers for Disease Control and Prevention. (2022, February 28). *Injuries and Violence are Leading Causes of Death*. <https://www.cdc.gov/injury/wisqars/animated-leading-causes.html#:~:text=The%20leading%20causes%20of%20death,unintentional%20drowning%2C%20and%20unintentional%20falls>
- ³ Substance Abuse and Mental Health Services Administration. (2023, June 20). *Drug Abuse Warning Network (DAWN): Findings from Drug-Related Emergency Department Visits, 2022*. <https://www.samhsa.gov/data/report/2022-findings-drug-related-emergency-department-visits>
- ⁴ Bureau of Justice Assistance, Office of Justice Programs. (2017, June). *Special Report – Indicators of Mental Health Problems Reporting by Prisoners and Jail Inmates, 2011-12*. <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>
- ⁵ National Institute on Drug Abuse. (2020, June). *Criminal Justice Drug Facts*. <https://nida.nih.gov/publications/drugfacts/criminal-justice>
- ⁶ Waddell, E. N., Baker, R., Hartung, D. M., Hildebran, C. J., Nguyen, T., Collins, D.M., Larsen, J. E., Stack, E. (2020 July). Reducing Overdose After Release from Incarceration (ROAR): Study Protocol for an Intervention to Reduce Risk of Fatal and Non-fatal Opioid Overdose Among Women After Release from Prison. *Health Justice*, 10;8(1):18. doi: 10.1186/s40352-020-00113-7. PMID: 32651887; PMCID: PMC7349469