

Feb. 11, 2021

Hon. Frank Pallone
Chair
House Energy and Commerce Committee
2107 Rayburn House Office Bldg.
Washington, DC 20515

Hon. Cathy McMorris-Rodgers
Ranking Member
House Energy and Commerce Committee
1035 Longworth House Office Bldg.
Washington, DC 20515

Re: Section 3103 of COVID Relief Bill (Medicaid Reentry)

Dear Chair Pallone and Ranking Member McMorris-Rodgers:

The undersigned disability rights and mental health organizations write to urge that you modify Section 3103 of the COVID relief bill being marked up today, titled Allowing for Medical Assistance under Medicaid for Inmates During 30-Day Period Preceding Release. The provision would, for a period of five years, lift Medicaid's bar on federal reimbursement for services provided to jail and prison inmates during the last 30 days of incarceration. While well-intentioned, the provision as written would not do what it was designed to do and might have unintended harmful consequences.

The intent of this provision, introduced as part of the Medicaid Reentry Act earlier this week, is to promote engagement of individuals before they leave incarceration to ensure seamless transitions to community services, including substance use disorder and mental health services.

The provision as drafted, however, does not require that the new Medicaid dollars be spent on activities designed to engage inmates and facilitate transition planning. Instead, this new funding could be used simply to reimburse for basic services currently provided to incarcerated individuals by correctional staff—making their incarceration less costly to states.

The reentry provision should be modified to limit what services should be covered—for example, case management, peer support, and other covered services provided by community-based service providers to engage inmates, facilitate transition back to the community, and link them with community-based services and housing.

While we strongly support the remainder of the bill, and particularly the provisions concerning home and community-based services, we hope that the Medicaid reentry provision can be modified to avoid unintended harm.

Sincerely,

American Association of People with Disabilities

Autistic Self Advocacy Network

Bazelon Center for Mental Health Law

Center for Public Representation

Connecticut Legal Rights Project

Disability Rights Education and Defense Fund

National Association of County Behavioral Health and Developmental Disability Directors

National Disability Rights Network

National Health Law Program

New York Association of Psychiatric Rehabilitation Services