



April 11, 2018

The Honorable Greg Walden
Chairman
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Michael Burgess
Chairman, Health Subcommittee
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member, Health Subcommittee
Energy and Commerce Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Walden, Ranking Member Pallone, Chairman Burgess and Ranking Member Green:

On behalf of the National Association of Counties (NACo) and the 3,069 counties we represent, I am writing to express our support for H.R. 4005, the Medicaid Reentry Act and H.R. 1925, the At-Risk Youth Medicaid Protection Act as you weigh proposals for combatting the opioid crisis in the Health Subcommittee of the House Energy and Commerce Committee this week. County officials throughout the country are on the frontlines of our nation's response to the opioid epidemic, and federal legislation like H.R. 4005 and H.R. 1925 provides vital support for local efforts to stem the tide of overdoses and fatalities that have impacted all corners of our country.

Counties nationwide spend \$176 billion annually on justice and health systems, including the entire cost of health care for all arrested and detained individuals. We are required by federal law to provide health care for the 11.4 million individuals who pass annually through local jails, 90 percent of which are owned and operated by county governments. As the opioid epidemic has taken hold of our country, the budgets of county jails and local governments at large have seen tremendous strain, hampering the ability of counties to provide needed services within and outside of our correctional facilities.

H.R. 4005, the Medicaid Reentry Act, would ease the strain on the local response to the opioid epidemic by allowing incarcerated individuals to receive federal Medicaid benefits for the 30-day period preceding their release from correctional facilities. This support would help county jails provide needed addiction treatments and pre-release coordination of services for individuals preparing to reenter their communities, thereby reducing the risk of overdose or fatality upon release. This coordination critical

because individuals struggling with addiction are typically at a particularly acute risk of overdose in the period immediately following their release from correctional institutions.¹

Similarly, H.R. 1925, the At-Risk Youth Medicaid Protection Act, would prevent states from terminating Medicaid enrollment for justice-involved youth, thus allowing for more timely provision of addiction treatment services for juveniles released from county correctional facilities. When Medicaid benefits are terminated upon an individual's incarceration, he or she must re-apply for those benefits when reentering the community, creating a potentially fatal gap in access to services. The alternative to termination is "suspension" of benefits – an option that has been adopted by numerous states and allows individuals to rapidly regain access to treatments upon release from custody.

Access to Medicaid benefits is a key component of the successful reentry of justice-involved individuals into their communities. According to the Bureau of Justice Statistics (BJS), nearly two-thirds (63 percent) of people in jail meet the criteria for drug dependence or abuse.² Many of these individuals have opioid use disorders and could benefit from access to Medication Assisted Treatment (MAT), which Medicaid programs cover in every state. Furthermore, studies show that individuals leaving correctional settings are up to 129 times more likely to fatally overdose in the two weeks following release into their communities. To effectively treat justice-involved individuals with substance use disorders, we must maximize treatment opportunities through Medicaid, and both H.R. 4005 and H.R. 1925 would make progress toward this goal.

We appreciate your continued leadership in combatting the opioid epidemic and your focus on the intersection of the health and justice as you address this national challenge. For more information on the local response to the opioid crisis, please see the following report, [A Prescription for Action: Local Leadership in Ending the Opioid Crisis](#), published by NACo and the National League of Cities (NLC), available electronically at www.opioidaction.org. For more information on improving health outcomes for justice-involved individuals, please see NACo's [Medicaid Coverage and County Jails](#) presentation, available electronically at www.naco.org.

If you have any questions, please feel free to contact NACo Associate Legislative Director Brian Bowden at 202.942.4275 or bbowden@naco.org. We continue to stand ready to work with you in support of healthy, vibrant and safe communities.

Sincerely,



Matthew D. Chase
Executive Director
National Association of Counties

¹ Pope, Leah, "The Role of Jails in Combatting the Opioid Crisis," Vera Institute of Justice, January 24, 2018. <https://www.vera.org/blog/the-role-of-jails-in-combatting-the-opioid-crisis>.

² McCarthy, Kara. "Females in Prisons and Jails Were More Likely Than Males to Meet Criteria for Drug Dependence or Abuse," Bureau of Justice Statistics, June 27, 2017. <https://www.bjs.gov/content/pub/press/dudaspij0709pr.cfm>.