

November 18, 2024

The Honorable Mike Johnson Speaker of the House 568 Cannon House Office Building Washington, DC 20515

The Honorable Hakeem Jeffries House Minority Leader 2433 Rayburn House Office Building Washington, DC 20515 The Honorable Chuck Schumer Senate Majority Leader 2433 Rayburn House Office Building Washington, DC 20515

The Honorable Mitch McConnell Senate Minority Leader 317 Russell Senate Office Building Washington, DC 20515

RE: The Reentry Act (H.R.2400/S.1165) and Due Process Continuity of Care Act (H.R.3074/S.971)

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Schumer, and Minority Leader McConnell:

The 66 undersigned organizations urge you to pass the *Reentry Act (H.R.2400/S.1165)* and *Due Process Continuity of Care Act (H.R.3074/S.971)* by the end of the session.

Together, our organizations represent those on the front lines of the overdose crisis—Americans personally affected and who have lost loved ones, health care and behavioral health providers, law enforcement professionals and first responders, Veterans, faith-based leaders, recovery and harm reduction specialists, health and social justice advocates, payers, and public health experts. We have come together to ask you to take immediate action to address the overdose crisis by passing the bipartisan *Reentry Act (H.R.2400/S.1165)* and the *Due Process Continuity of Care Act (H.R.3074/S.971)*.

The Reentry Act and Due Process Continuity of Care Act will help integrate substance use treatment into carceral settings, reduce recidivism, and prevent needless overdose deaths.

The *Reentry Act* would allow Medicaid coverage to start 30 days before release and the *Due Process Continuity of Care Act* would allow Medicaid coverage while an individual is awaiting trial. Both bills have bipartisan support in the current Congress, with each bill garnering nearly 100 co-sponsors. During a deadly overdose crisis, these bills are commonsense solutions to increase the availability of substance use disorder treatment for incarcerated individuals, decrease overdose deaths, and better protect public health and safety.

Fatal drug overdoses are the fastest growing cause of death amongst incarcerated individuals.¹ Additionally, inmates re-entering society are the most vulnerable population to experience a fatal overdose – individuals reentering society post incarceration are 129 times likelier to die of a drug overdose than the general population during the two weeks following their release.²

Increasing access to medications for opioid use disorder (MOUD) saves lives and has been associated with an 80% reduction in overdose mortality risk for the first month post-release.³ According to mathematical modeling from the Office of National Drug Control Policy, the consistent provision of MOUD while incarcerated and immediately upon release, could prevent upwards of 11,600 to 15,900 overdose deaths per year.⁴ In addition to preventing overdose deaths, individuals who received MOUD while incarcerated had an estimated 32% lower risk of recidivism than those who did not.⁵

By allowing Medicaid coverage during the critical windows when an individual is returning to the community from incarceration and the period while they are awaiting trial, the *Reentry Act* and *Due Process Continuity of Care Act* represent two of the strongest opportunities for the 118th Congress to increase public safety and improve public health outcomes nationwide. We urge you to pass these pieces of legislation by the end of the session to save lives and to extend the hope of healing to communities across the country. With more than 100,000 overdose deaths occurring each year, the time to expand access to safe and effective treatment is now.

¹ Carson, E. A. (2021, April). Mortality in local jails, 2000-2018. U.S. Department of Justice. https://bjs.ojp.gov/content/pub/pdf/mlj0018st.pdf

² Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D., Release from Prison – A High Risk of Death for Former Inmates, The New England Journal of Medicine, 2007, https://pubmed.ncbi.nlm.nih.gov/17215533/

³ Lim S, Cherian T, Katyal M, Goldfeld KS, McDonald R, Wiewel E, Khan M, Krawczyk N, Braunstein S, Murphy SM, Jalali A, Jeng PJ, MacDonald R, Lee JD. Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011-17. Addiction. 2022 Oct 28. doi: 10.1111/add.16071.

⁴ The Office of National Drug Control Policy. (2024, March 14). Statement by White House ONDCP director on the president's fiscal year 2025 budget. The White House. https://www.whitehouse.gov/ondcp/briefing-room/2024/03/11/statement-by-white-house-ondcp-director-on-the-presidents-fiscal-year-2025-budget/#::text=The%20consistent%20delivery%20of%20Medications.Control%20Budget/#20is%20%244.1%20billion.

⁵ Elizabeth A. Evans, Donna Wilson, Peter D. Friedmann, Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder, Drug and Alcohol Dependence, Volume 231, 2022, https://doi.org/10.1016/j.drugalcdep.2021.109254.

Thank you for your consideration. For more information about this letter, please reach out to Libby Jones at the Global Health Advocacy Incubator, Overdose Prevention Initiative (ljones@advocacyincubator.org).

Sincerely,

- 1. ACOJA Consulting LLC
- 2. AIDS United
- 3. Alliance for Safety and Justice
- 4. American Academy of Physician Associates
- 5. American Association of Psychiatric Pharmacists
- 6. American College of Correctional Physicians
- 7. American College of Obstetricians and Gynecologists
- 8. American Correctional Association (ACA)
- 9. American Osteopathic Academy of Addiction Medicine
- 10. American Psychological Association Services
- 11. American Public Health Association
- 12. American Society of Addiction Medicine
- 13. AMERSA
- 14. Association for Ambulatory Behavioral Healthcare
- 15. Association for Behavioral Health and Wellness
- 16. Association of Maternal & Child Health Programs
- 17. C4 Recovery Foundation
- 18. California Consortium of Addiction Programs & Professionals
- 19. Church of Scientology National Affairs Office
- 20. Community Catalyst
- 21. Community Oriented Correctional Health Services
- 22. Connection Cafe
- 23. Drug Policy Alliance
- 24. Due Process Institute
- 25. East Kentucky Rehabilitation Center
- 26. Faces & Voices of Recovery
- 27. Family Run Executive Director Leadership association, Inc. (FREDLA)
- 28. Global Alliance for Behavioral Health & Social Justice
- 29. HIV Medicine Association
- 30. Hope Mission of Coastal Carolina
- 31. IC&RC
- 32. International Community Justice Association
- 33. KLN Consulting LLC
- 34. Law Enforcement Leaders to Reduce Crime & Incarceration
- 35. Legal Action Center
- 36. Maine's People Alliance
- 37. Major County Sheriffs Association
- 38. NAADAC, the Association for Addiction Professionals

- 39. National Alliance on Mental Illness
- 40. National Association of Counties (NACo)
- 41. National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
- 42. National Association of Criminal Defense Lawyers
- 43. National Association of State Mental Health Program Directors
- 44. National Behavioral Health Association of Providers
- 45. National Center of Advocacy and Recovery. Inc. (NCAAR)
- 46. National Commission on Correctional Health Care
- 47. National Council for Mental Wellbeing
- 48. National Council of Churches
- 49. National Criminal Justice Association
- 50. National District Attorneys Association
- 51. National Health Care for the Homeless Council
- 52. National Sheriffs' Association
- 53. National Youth Justice Network
- 54. Overdose Crisis Response Fund
- 55. Overdose Prevention Initiative
- 56. Partnership to End Addiction
- 57. Paul's Plan Ministries
- 58. People's Action
- 59. Princeton Overdose Prevention Project (POP)
- 60. Prison Families Alliance
- 61. Prison Policy Initiative
- 62. R Street Institute
- 63. Shatterproof
- 64. Stop Stigma Now
- 65. TASC, Inc. (Treatment Alternatives for Safe Communities)
- 66. University of Alaska Anchorage, Human Services-SUD