



Addiction Medicine: Cover It for People Who are Incarcerated

- Over half of Americans who are incarcerated meet the criteria for a substance use or mental health disorder, but the current healthcare payment system isn't set up to treat them effectively.
- Current policy offers little support for the coordination of behavioral, social, and psychological services that individuals who are incarcerated often need in addition to medication.
- Reforming payment policies for health care, including substance use and mental health treatment, among people who are incarcerated will expand access to evidence-based care and save lives.

Across the country, people seeking treatment for substance use disorder (SUD) struggle to access care—especially those in America's prisons and jails. Americans who are involved with the criminal legal system are particularly at risk of withdrawal, overdose, and death. Research indicates that incarcerated individuals are 129 times more likely to die from overdose within the first two weeks after release when compared to the general U.S. population – particularly from opioids.

Reforming current payment policies among this high-risk population would expand access to evidence-based care and save lives.

Drug overdose is a leading cause of death among formerly incarcerated individuals. Incarcerated individuals are [129 times more likely to die](#) from overdose within the first two weeks after release when compared to the general U.S. population

How Members of Congress Can Help:

- Co-sponsor the **Medicaid Reentry Act (HR 955/S 285)**, legislation designed to allow states to restart Medicaid coverage for Medicaid-eligible individuals who are incarcerated, up to 30 days before their release from jail or prison.



ASAM American Society of
Addiction Medicine



ACMT American College
of Medical Toxicology

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