

[LOGOS]

[DATE]

[ADDRESSES]

RE: The Reintroduction of the *Due Process Continuity of Care Act* (H.R. 1510) in the 119th Congress

Dear Senators [insert] and Representatives [insert]:

The XXX undersigned organizations representing a broad, diverse group of stakeholders endorse the reintroduction of the *Due Process Continuity of Care Act* (H.R. 1510). This bipartisan legislation amends the Medicaid Inmate Exclusion Policy (MIEP) to allow incarcerated individuals to sustain their Medicaid coverage prior to a conviction, honoring the individual's presumption of innocence and providing continued access to federal health benefits in local jails.

MIEP, outlined under Section 1905(a)(A) of the Social Security Act, prohibits the use of federal funds for medical care provided to "inmates of a public institution." This provision applies broadly to anyone in a correctional facility. By cutting off federal health benefits, including critical services like substance use and mental health treatment, MIEP strips individuals of essential care without any adjudication or formal process. Incarceration alone should not determine access to healthcare, particularly when due process protections exist to prevent arbitrary deprivation of rights. The *Due Continuity of Care Process Act* addresses this fundamental issue, ensuring that health care is not unjustly withheld from those in custody.

For individuals in local jails, the denial of health benefits can have severe consequences. Data shows the median number of days served in jail until death was just 17 days overall, and only one day for those dying from substance use (drug or alcohol).¹ This shows an individual's access to health care in the time immediately following arrest/detainment, while awaiting their constitutional right to Due Process, is critical. More than 63 percent of U.S. jail inmates have a substance use disorder and over 50 percent have a diagnosed mental illness.² Discontinuity in care contributes to both detrimental health outcomes for individuals and increased rates of recidivism. Passage of the *Due Process Continuity of Care Act* is also a critical step in decreasing overdose mortality rates. People with opioid use disorder (OUD) were 82% less likely to die of an overdose when they receive medications for opioid use disorder (MOUD) than those who are not.³ Despite the proven effectiveness of MOUD in reducing the risk of fatal overdose, access is severely limited in carceral settings. As a result, fatal drug overdoses are the fastest growing cause of death among incarcerated individuals. The most cited barrier to providing MOUD in correctional facilities is a lack of funding,⁴ and just 12% of jails and prisons nationwide offer these medications.⁵

¹ Bureau of Justice Statistics. (2022). *Mental health problems of prison and jail inmates* (NCJ 236084). U.S. Department of Justice, Office of Justice Programs. <https://bjs.ojp.gov/content/pub/pdf/mlj0018st.pdf>

² Substance Abuse and Mental Health Services Administration. (n.d.). *About criminal and juvenile justice behavioral health*. SAMHSA. <https://www.samhsa.gov/communities/criminal-juvenile-justice/about>

³ Krawczyk, N., Mojtabai, R., Stuart, E. A., Fingerhood, M., Agus, D., Lyons, B. C., Weiner, J. P., & Saloner, B. (2020). Opioid agonist treatment and fatal overdose risk in a state-wide US population receiving opioid use disorder services. *Addiction* (Abingdon, England), 115(9), 1683–1694. <https://doi.org/10.1111/add.14991>

⁴ National Commission on Correctional Health Care. (2022, November 15). *Medications for opioid use disorder in state prisons: A look at current delivery status*. National Commission on Correctional Health Care. Retrieved February 6, 2025, from <https://www.ncchc.org/medications-for-opioid-use-disorder-in-state-prisons-a-look-at-current-delivery-status/>

⁵ Prison Opioid Project. (n.d.). *Data*. Prison Opioid Project. Retrieved February 6, 2025, from <https://prisonopioidproject.org/data/>

Our organizations stand ready to work with you to pass the *Due Process Continuity of Care Act*. Consistent and coordinated federal health benefits for incarcerated individuals would allow for improved care, lower costs to taxpayers and long-term government expenditure, decreased crime, reduced recidivism, improved public safety and better outcomes for the overall health of Americans. Thank you for your leadership and continued commitment to ending this crisis.

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,