

New York's Transitional Reentry Health Act (Rivera S614/Paulin A1008)

The Transitional Reentry Health Act instructs prisons and jails to provide Medicaid enrollment assistance to all people exiting incarceration. It also provides a pathway to a Presumptive Eligibility determination, which would allow 60 days of post-release Medicaid coverage to eligible individuals who cannot enroll due to short jail stays, missing documents, or administrative holdups. The majority of justice-involved individuals would be covered by expanded Medicaid, which is funded through a 90/10 split, with 90% of the costs paid for by the federal government, and 10% paid for by the state government. Connecting formerly incarcerated people to insurance immediately upon release ensures that this population, with disproportionately high rates of chronic illness, can receive preventative care that reduces the reliance on emergency departments, enhances people's wellbeing, and improves public safety.

Current Gaps in Insurance Coverage

People who have been incarcerated return to communities with higher rates of chronic health conditions that require immediate care, such as HIV and hepatitis, diabetes and hypertension, and serious mental illnesses (SMIs) and substance use disorders (SUDs)¹. These conditions have only been exacerbated by inadequate correctional medical care and severe disciplinary punishments that worsen physical and mental health. Moreover, people are often released without health insurance, and the resulting break in critical services leads to rapid decompensation, heavy reliance on costly emergency services, and ultimately higher incidences of death.² **Therefore, in the first two weeks after release, formerly incarcerated people are thirteen times more likely to die than the general population, and 130 times more likely to die from overdose.**³

When people are released from prison and jail without insurance, it can take up to 90 days to activate Medicaid. The first few weeks immediately post-release are crucial for connecting people to medical and behavioral health services. When people—particularly those with SMIs and SUDs—are released from custody without insurance, they cannot make doctors' appointments, lack a ready supply of lifesaving medications, and even face barriers to accessing community-based care.

In New York, most prisons are already doing the essential work of lifting Medicaid suspensions and providing enrollment assistance to people exiting incarceration, and 90% of people leaving our state prisons are enrolled in Medicaid. Although this process should be seamless, when people are missing identification documents or there are clerical errors in their file, people can struggle to reinstate Medicaid or face long delays in doing so.

¹Gore, A. & Amaning, A. (2024, October 29). [Expanding access to basic reentry services will improve health, wellbeing, and public safety.](#) *Center for American Progress.*

²Crumpler, R. (2024, February 13). [Prison system works to combat health care coverage gap by enrolling people in Medicaid before release.](#) *North Carolina Health News.*

³Kincaid, S.A. & Gardner, T. (2023, November 22). [A new Medicaid program could dramatically improve healthcare for imprisoned People—if states use it.](#) *The Appeal.*

The current system produces gaps in medical care that have crucial impacts on community health, public safety, and public expenditures. **Having healthcare saves the state money by reducing future criminal legal systems engagement and enhancing overall wellbeing.** People who have healthcare are less likely to be rearrested; this is especially true for those with SMIs.⁴ They are also less likely to have expensive emergency department visits and acute healthcare crises.⁵ Moreover, the process of reentry is complex and challenging at best, and having healthcare alleviates one massive burden on newly reentering individuals. Research has shown that individuals benefit immensely from the downstream effects of having health insurance, with greater rates of finding employment, visiting community-based services, and utilizing social services like housing supports.⁶

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Expanded Medicaid enrollment assistance alleviates the burden on individuals to determine how to enroll in Medicaid, particularly from carceral facilities without consistent access to computers and personal documents. Moreover, when needed, Presumptive Eligibility expedites the enrollment and application process to allow for an immediate determination of Medicaid eligibility. For the incarcerated population, Presumptive Eligibility that is completed prior to a release date allows these individuals to be enrolled in Medicaid so that they can connect to care and begin obtaining services as soon as they are released.⁷

When reentry services include access to healthcare, people are less likely to reenter carceral facilities and more likely to experience wellbeing in all aspects of their lives. At a time when people's health is extremely precarious and they are at exceptionally high risk for acute crises, removing the barrier to enrolling in insurance can mean the difference between life and death.

We urge the legislature to ensure that all people leaving incarceration have critical connections to lifesaving services.

⁴Crumpler, R. (2024, February 13).

⁵Maniates, H. (2024, January 9). Medicaid's changing role in re-entry from jails and prisons - National Association of Medicaid Directors. *National Association of Medicaid Directors*.

⁶Maniates, H. (2024, January 9).

⁷"Presumptive Eligibility for Individuals Involved in the Justice System" Center for Health and Justice, TASC, October 2016.