Resolution 26-408

Supporting Medicaid-Funded Reentry Care and Continuity of Treatment for Justice-Involved Floridians

FMA Medical Student Section

Whereas, Florida's opioid burden remains substantial on a per-capita basis, with 2.3% of adults reporting illicit opioid use in the past year, compared with the U.S. average of 1.6%;[1] and

Whereas, The period immediately following release from incarceration is a high-risk clinical transition marked by elevated risk of overdose, suicide, medication interruption, psychiatric destabilization, and poor linkage to outpatient care;[2] and

Whereas, Overdose risk is especially high in the first two weeks after release, with synthetic-opioid overdose mortality far exceeding that of the general population;[2,3] and

Whereas, Individuals in jails and prisons have a high burden of substance use disorder (SUD) and behavioral health needs, with recent evidence reporting that 47% of adults in custody met criteria for a SUD and that only a minority of prisons allowed continuation of medications for opioid use disorder (OUD) while in custody;[4] and

Whereas, Medications for OUD (MOUD), including methadone, buprenorphine, and naltrexone, are evidence-based and lifesaving treatments, and recent studies have found that providing MOUD during incarceration is associated with improved post-release treatment initiation and lower risks of overdose and mortality;[5,6] and

Whereas, The Centers for Medicare & Medicaid Services (CMS) created a Section 1115 Medicaid Reentry Demonstration in 2023 to improve care transitions for Medicaid-eligible individuals leaving incarceration, with the stated goal of facilitating continuity of care, coordinated services, and access to high-quality, evidence-based care during reentry;[7] and

Whereas, CMS guidance allows states to cover a targeted package of pre-release services for up to 90 days before an individual's expected release date, including pre-release case management, MOUDs, and a 30-day supply of prescription medications upon release;[7] and

Whereas, CMS has already approved Medicaid reentry demonstrations in multiple states, including California, Utah, and West Virginia, demonstrating that this pathway is now an established policy option with bipartisan support;[8] and

Whereas, California became the first state approved to offer targeted Medicaid services to eligible adults and youth in prisons, county jails, and youth correctional facilities for up to 90 days before release, with an explicit focus on continuity of coverage, access to prescribed medications, and connection to community-based services;[9] and

Whereas, Florida is pursuing a separate Section 1115 Institutions for Mental Disease demonstration to obtain federal financial participation for substance abuse detoxification,

recovery support services, and psychiatric treatment in institutes for mental diseases (IMDs) for eligible Medicaid enrollees, with a proposed effective date of July 1, 2026;[10] and

Whereas, Florida's proposed IMD demonstration may expand access to residential psychiatric and SUD treatment, but it does not by itself create a Medicaid-funded pre-release reentry pathway for case management, MOUD initiation or continuation, naloxone distribution, medication bridging, or warm handoffs from correctional facilities to community-based care;[10] and

Whereas**,** Beginning January 1, 2026, federal law requires states to suspend rather than terminate Medicaid eligibility solely because an individual is incarcerated, allowing coverage to be more rapidly reinstated upon release;[11] and

Whereas, CMS has clarified that this suspension requirement does not alter the federal Medicaid inmate payment exclusion, meaning suspension alone does not authorize Medicaid payment for most pre-release services;[11] and

Whereas, Florida's current Medicaid expansion status precludes adults without dependent children, creating a coverage gap that may limit Medicaid-funded reentry services for many low-income Floridians leaving incarceration;[12] therefore, be it

RESOLVED, That the Florida Medical Association (FMA) support Florida's pursuit of a Medicaid Section 1115 Reentry Demonstration waiver, or equivalent authority, to provide eligible individuals leaving correctional facilities with Medicaid-covered pre-release services, including care coordination, health and substance use screening, overdose prevention, and access to necessary medications at release.

Fiscal Note:

Description	Amount	Budget Narrative
100 Staff hours	$20,000	Can be accomplished with current
Total	$20,000	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

References

1. United Health Foundation. Illicit opioid use in Florida. *America's Health Rankings*. https://www.americashealthrankings.org/explore/measures/drug_use_illicit_opioids/FL
2. Hartung DM, McCracken CM, Nguyen T, Kempany K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. *J Subst Use Addict Treat*. 2023;147:208971. doi:10.1016/j.josat.2023.208971
3. Kinner SA, Gan W, Slaunwhite A. Fatal overdoses after release from prison in British Columbia: a retrospective data linkage study. *CMAJ Open*. 2021;9(3):E907-E914. Published 2021 Sep 28. doi:10.9778/cmajo.20200243
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5. Friedmann PD, Rich JD, Gordon MS, et al. Medications for opioid use disorder in county jails: A randomized clinical trial. *JAMA Netw Open*. 2025;8(1):e2456783. doi:10.1001/jamanetworkopen.2024.56783
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8. Centers for Medicare & Medicaid Services. *Reentry Section 1115 Demonstrations*. Medicaid.gov. Accessed May 7, 2026. https://www.medicaid.gov/medicaid/section-1115-demonstrations/reentry-section-1115-demonstrations
9. California Department of Health Care Services. *Justice-Involved Reentry Initiative*. Accessed May 7, 2026. https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx
10. Florida Agency for Health Care Administration. *Florida Institutions for Mental Disease Section 1115 Demonstration Application*. Published January 2026. Accessed May 7, 2026. https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/fl-inst-mntl-disase-pndng-aplctn-01162026.pdf
11. Centers for Medicare & Medicaid Services. *CMCS Informational Bulletin: Medicaid and CHIP Eligibility Suspension for Inmates of Public Institutions*. Published December 23, 2025. Accessed May 11, 2026. https://www.medicaid.gov/federal-policy-guidance/downloads/cib122325.pdf
12. KFF. *Key Facts About the Uninsured Population*. Published 2026. Accessed May 7, 2026. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

Relevant FMA Policies

P 125.004 ACCESS TO EVIDENCE BASED OPIOID DISORDER TREATMENT IN FLORIDA CORRECTONAL FACILITIES

The FMA support AMA Policy H-430.987 Medications for Opioid Use Disorder in Correctional Facilities, and work collaboratively with the AMA to accomplish the goals set forth by H-430.987 in Florida.

P 125.006 EXPANDING THE USE AND AVAILABILITY OF MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IN FLORIDA
Our Florida Medical Association supports legislation that eliminates barriers and reduces stigma to Medications for Opioid Use Disorder programs, and further supports legislation that will increase state funding to expand the quantity and improve the quality of Medications for Opioid Use Disorder programs. (Res 25-301, adopted as amended, HOD 2025)

P 360.010 ADDRESSING THE NEEDS OF PATIENTS IMPACTED BY MEDICATION SHORTAGES

The FMA supports legislation that would insure safe access to opioid analgesic medications and medications to treat opioid use disorder; the FMA work with pharmaceutical companies, drug distributors, pharmacies and appropriate governmental entities to insure a transparent and adequate supply of opioid analgesic medications and access to medications to treat opioid use disorder. (Res 23-203, HOD 2023)

P 330.004 MENTAL HEALTH SCREENING AND INTEGRATED MEDICAL HEALTH CARE

The FMA will advocate that Medicaid and private insurers reimburse physicians for mental health screeners performed inclusive but not exclusive to postpartum depression screening, PH-Q, anxiety screening; the FMA supports the integrated medical mental health model, acknowledging the utility in employing mental health workers, such as psychologists and social workers, to strengthen the services provided within the medical home. The FMA will reaffirm policies P 330.002 Mental Health Parity and P 380.009 Mental Health Care in the Primary Care Setting. (Res 23-402, HOD 2023)

Relevant AMA Policies

Health Care While Incarcerated H-430.986

1. Our American Medical Association advocates for adequate payment to health care providers, including primary care and mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to re-entry into the community.
2. Our AMA advocates and requires a smooth transition including partnerships and information sharing between correctional systems, community health systems and state insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system, including correctional settings having sufficient resources to assist incarcerated persons' timely access to mental health, drug and residential rehabilitation facilities upon release.
3. Our AMA encourages state Medicaid agencies to work with their local departments of corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.

4. Our AMA advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal legal system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.
5. Our AMA advocates for Congress to repeal the "inmate exclusion" of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons.
6. Our AMA supports:
    a) linkage of those incarcerated to community clinics upon release in order to accelerate access to comprehensive health care, including mental health and substance use disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding;
    b) the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community;
    c) the provision of longitudinal care from state supported social workers, to perform foundational check-ins that not only assess mental health but also develop lifestyle plans with newly released people; and
    d) collaboration with community-based organizations and integrated models of care that support formerly incarcerated people with regard to their health care, safety, and social determinant of health needs, including employment, education, and housing.

Standards of Care for Inmates of Correctional Facilities H-430.997

Our American Medical Association believes that **correctional** and detention **facilities** should provide medical, psychiatric, and substance use disorder **care** that meets prevailing community **standards**, including appropriate referrals **for** ongoing **care** upon release from the **correctional** facility in order to prevent recidivism.

Enhanced Funding for and Access to Outpatient Addiction Rehabilitation D-95.962

Our AMA will advocate for: (1) the expansion of federal grants in support of treatment for a substance use disorder to states that are conditioned on that state's adoption of law and/or regulation that prohibit drug courts, recovery homes, sober houses, correctional settings, and other similar programs from denying entry or ongoing care if a patient is receiving medication for an opioid use disorder or other chronic medical condition; and (2) sustained funding to states in support of evidence-based treatment for patients with a substance use disorder and/or co-occurring mental disorder, such as that put forward by the American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry and other professional medical organizations.