Regulatory issues for treating opioid use disorder upon release from corrections:

Lessons from the Transitions Clinic Network

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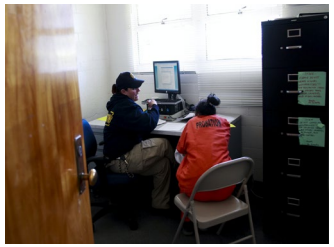
Correctional healthcare is siloed from community healthcare.

Community barriers to OUD treatment post release

Two times **decreased odds of getting a primary care** appointment with a criminal record[1]



Parole and probation officers often prohibit people from taking medications for opioid use disorder.[2]

Black people on medications for opioid use disorder are **more likely to be arrested** compared with White people.[3]

[1]Fahmy et al., *Annals of Family Medicine,* 2018
[2] Brinkley Rubinstein et al., *Addictive Behav*, 2018
[3]Acevado et al. *Journal of Studies on Alcohol and Drugs,* 2019

OUD treatment outcomes following release from correctional facility

- A minority of individuals continue on OUD treatment (40%)[1]
- Worsening of co-morbid conditions, including HIV, hypertension [2, 3]
- High risk of hospitalization[4,5]
- High risk of death[6,7]

[1] KE Moore, et. al JAM 2018 and Reimer [2] JP Meyer et. al, JAMA Internal Medicine 2015, [3] BA Howell, et. al JGIM 2016, [4] EA Wang, et. al. JAMA Internal Medicine 2013, [5] JW Frank, et al., JGIM 2014, [6] IA Binwanger, NEJM 2007; [7] IA Binwanger, Annals 2013

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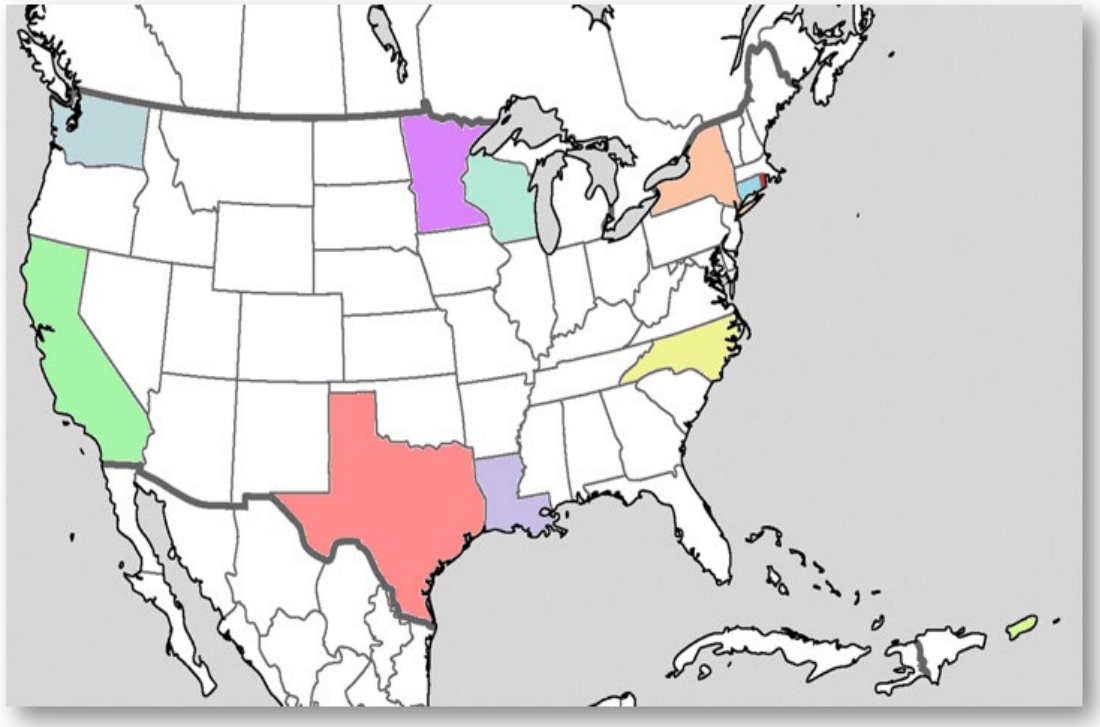


Wang EA, AJPH 2008, Shavit S, Health Affairs 2017, Wang EA BMJ Open, 2018

TRANSITIONS CLINIC

Drawn by Rae Bachelle, NPR

Regulatory actions that can improve OUD treatment following release

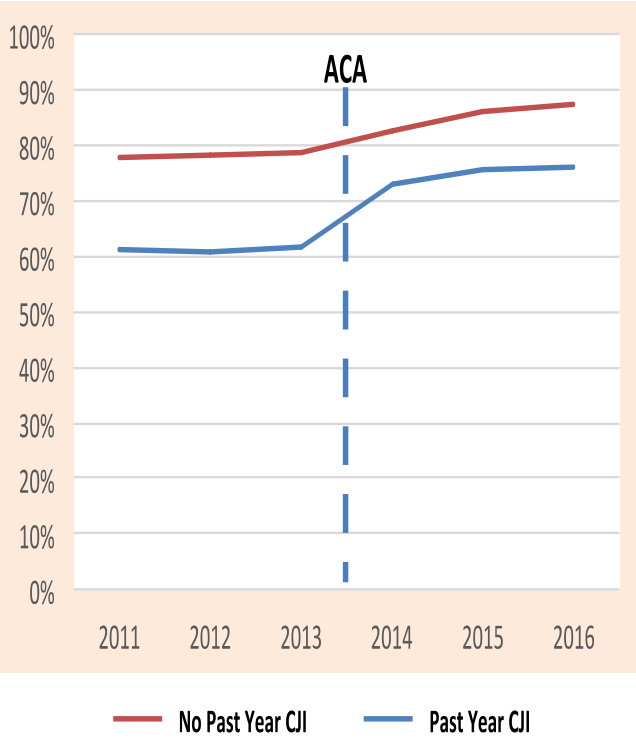
#1: Eliminate (modify) Medicaid Inmate Exclusion Policy

Ex. Medicaid Reentry Act

- ✓ Allows Medicaid to pay for health care for eligible people who are incarcerated starting up to 30 days prior to release, including methadone
- ✓ Access to care coordination, including a smooth continuation of medications, scheduling of appointments, provide resources to meet patients social needs (housing, food, transportation)
- ✓ Federal oversight for correctional healthcare that receive Medicaid funding

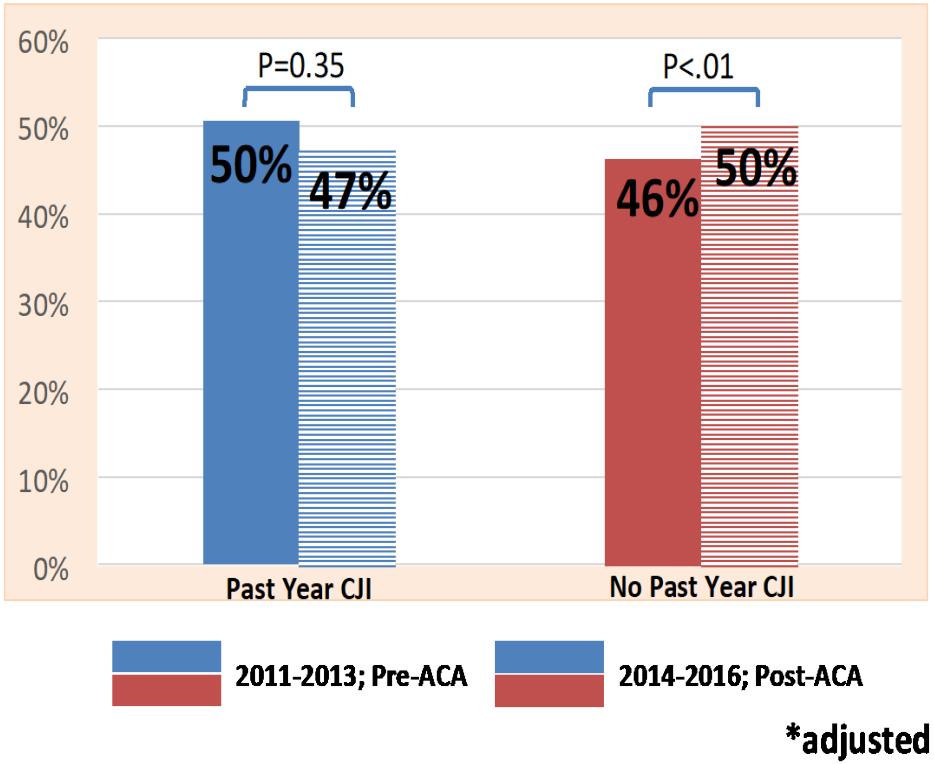
Khatri and Winkelman, NEJM 2022

Insurance is necessary but not sufficient for engagement in substance use and mental health treatment



People w/ past Year Criminal Justice Involvement*

	Pre-ACA		Post-ACA	
Insured	61%	⇨	73%	(p<0.01)
Medicaid	24%	⇨	33%	(p=0.03)
Private	26%	⇨	30%	(p=0.10)



Saloner B, Health Affairs 2016; BA Howell, Psychiatric Services, 2019

Regulatory Actions that can improve OUD treatment following release

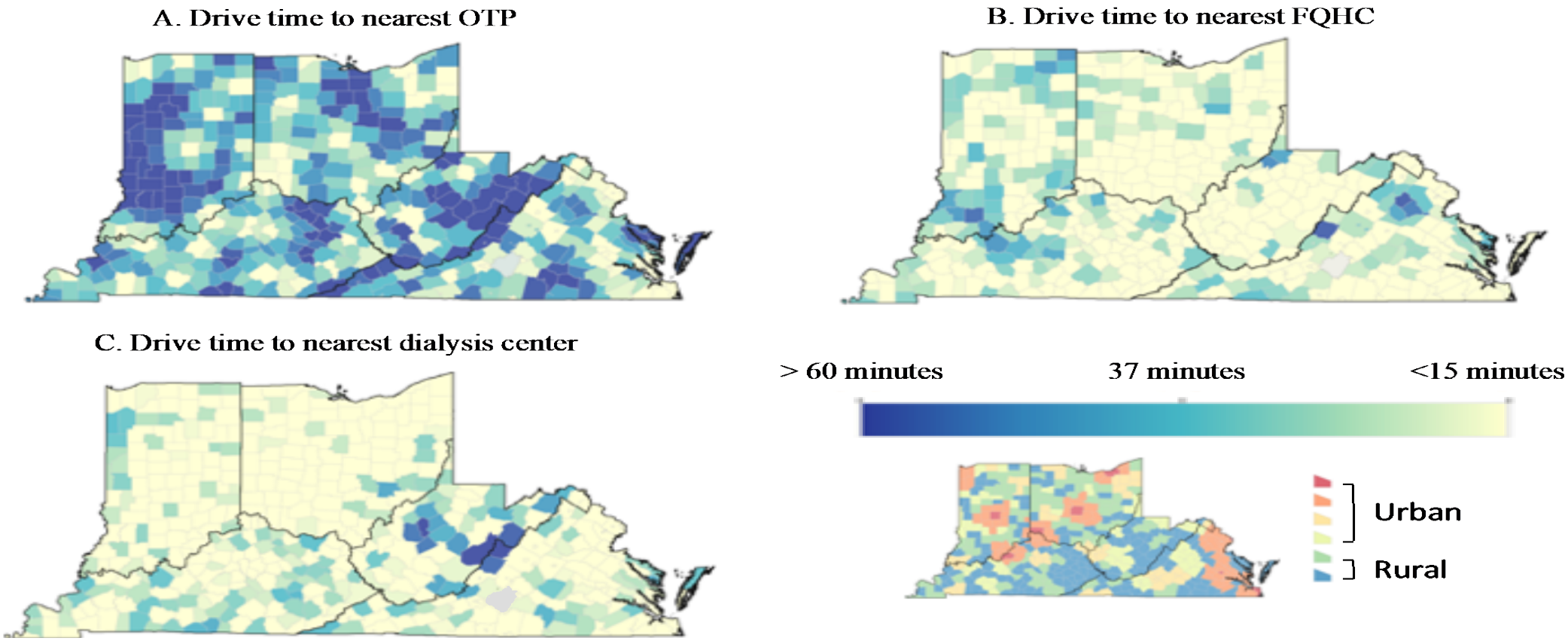
#2: Create sustainable financing mechanisms for community health workers

National Association of Community Health Workers Sustainable financing of CHW

Regulatory Actions that can improve OUD treatment following release

#3: Allow for methadone prescription and dispensation in federally qualified health centers

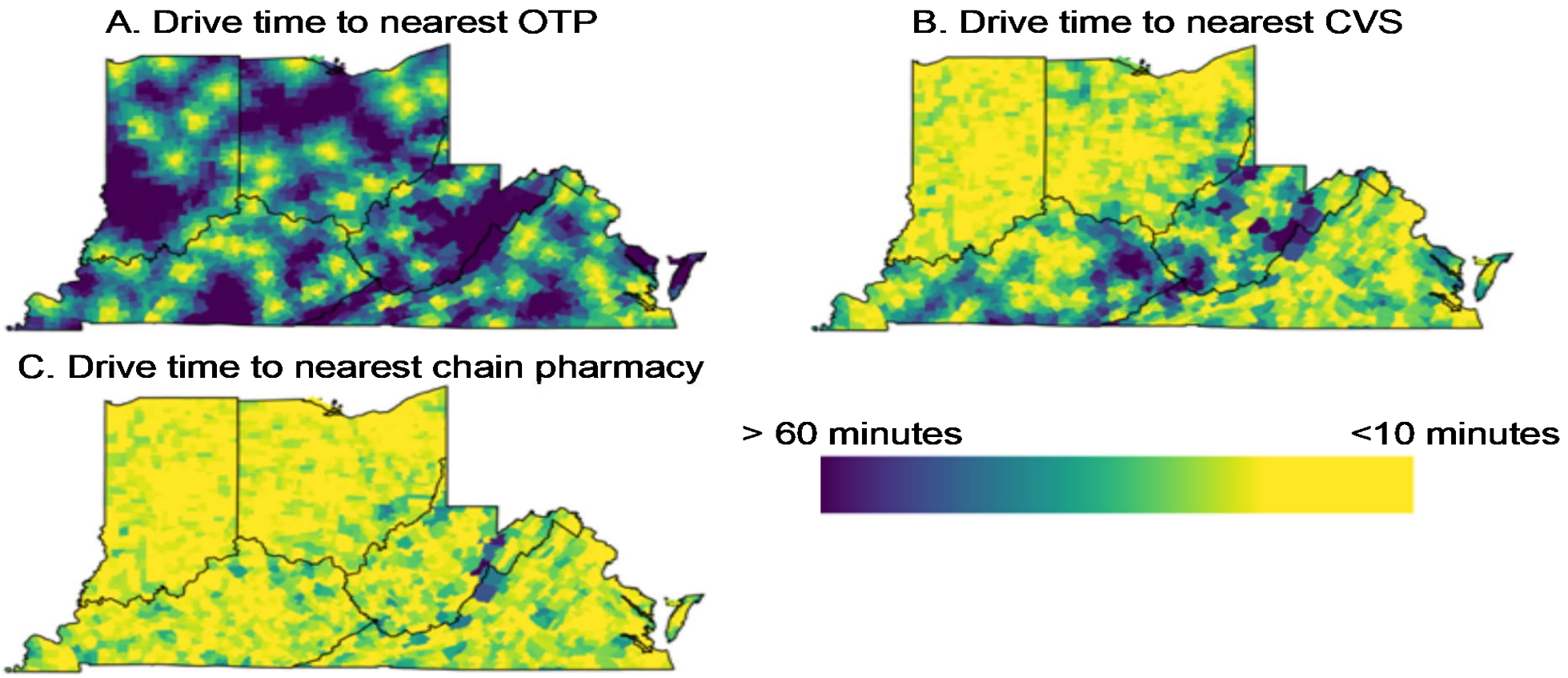
Figure 2. Drive time in minutes from county mean population center to nearest Opioid Treatment Program (OTP), Federally Qualified Health Center (FQHC), and dialysis center within Indiana, Kentucky, Ohio, Virginia, and West Virginia



Joudrey, JAMA Internal Medicine 2019

Regulatory Actions that can improve OUD treatment following release

#3: Allow for methadone dispensation in pharmacies



Joudrey Drug and Alcohol Dependence 2020

Summary

- The silos between correctional and community health systems places people with OUD at risk for poor health outcomes

- Expansion of Medicaid into correctional system will smooth the transition between these health systems and will enable better monitoring of care, and provide funding source for community health workers.

- Enabling FQHCs to prescribe and pharmacies to dispense methadone would create more geographic accessibility especially in rural communities

- Minimizing future contact with the criminal justice system is critical to improving the health of people with opioid use disorders.

Thank you

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