

Statement from [The Health and Reentry Project \(HARP\)](#) on the Medicaid and Criminal Justice Provisions of the Consolidated Appropriations Act of 2024

On Sunday, March 3, Congressional leaders released bipartisan, bicameral legislation, the [Consolidated Appropriations Act of 2024](#) that contains multiple provisions related to Medicaid coverage for people who are incarcerated. Vikki Wachino, Executive Director of the Health and Reentry Project (HARP), issued the following statement:

“The commonsense policies in this legislation can help break the cycle of incarceration by improving access to health care for those returning home from prison and jail. The evidence is clear that access to quality health care contributes to healthy and safe communities. Key provisions in this law will strengthen continuity of care and access to services upon release.

The Medicaid provisions included in the Consolidated Appropriations Act of 2024 set, for the first time in Medicaid’s history, a uniform national standard that Medicaid eligibility be suspended, not terminated, when people are incarcerated. The bill also provides states with needed resources and tools to meet this standard. Ensuring that individuals have Medicaid coverage to access care upon reentry can reduce overdose deaths, unnecessary emergency room visits and hospitalizations, and ultimately, recidivism.”

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About HARP

HARP focuses on improving the health of people returning to communities after leaving incarceration through policy, practice, and partnership. For more information visit:

<https://healthandreentryproject.org/>

Background and Summary of Key Provisions

The Medicaid and Criminal Justice provisions included in the Consolidated Appropriations Act of 2024 build on bipartisan [policy changes at both the state and federal level](#) focused on advancing public health and public safety by building bridges between corrections and health care. The [Consolidated Appropriations Act of 2024](#) contains three new, related provisions in Division G of the legislation:

Section 205: Prohibition on Termination of Enrollment Due to Incarceration

The agreement would require that, beginning in 2026, all states suspend, rather than terminate, Medicaid coverage when people are incarcerated. When coverage is suspended, it can be reactivated when a person is released from incarceration, making it easier for people to access services when they return to the community. The suspension requirement is already in place for youth nationwide—the proposed legislation would extend that requirement to all people who are incarcerated. Setting a national standard of suspension is an important step toward facilitating access to needed services for the millions of people who return to communities each year from incarceration.

Section 206(a): State Planning Grants

The legislation also includes \$113.5 million in planning grants to be awarded to states by March of 2025, focused on building the operational capacity necessary to support the new suspension requirement and to promote continuity of care for people leaving incarceration. These funds can be used to support efforts by state agencies, Medicaid managed care plans, community-based organizations, state and local correctional institutions and other stakeholders. Grants can be used to identify and address operational gaps, create standardized processes and build the systems and technology infrastructure necessary to support care transitions, and establish oversight and monitoring processes to ensure compliance with state requirements.

Section 206(b): Guidance to Support State Implementation and Operations

The legislation requires that the Centers for Medicare and Medicaid Services (CMS) issue guidance within 18 months to states laying out strategies and best practices states can use to overcome common implementation and operational challenges to ensuring access to timely, accessible care before, during and after incarceration for Medicaid and CHIP beneficiaries. The guidance will focus on strategies including: eligibility and enrollment process modifications; screening, application assistance and coordination of reinstatement of coverage; data sharing and exchange; ensuring the timely provision of services; establishing community-based provider networks. It will also clarify the circumstances under which states can use Medicaid administrative and other funding sources to help people enroll and obtain services.