

# GAO Highlights

Highlights of [GAO-23-105610](#), a report to congressional committees

## Why GAO Did This Study

BOP is responsible for the custody and care of federal inmates in BOP-managed facilities, which included almost 145,000 individuals as of December 2022. Inmates releasing from BOP custody—over 35,000 in 2021—may face challenges re-entering society, including accessing health care.

The joint explanatory statement accompanying the Consolidated Appropriations Act, 2021 includes a provision for GAO to review inmate health care, including enrollment in Medicaid upon release from prison. Among other things, this report examines BOP policies and procedures to facilitate inmates' enrollment in Medicaid or other health coverage and continuity of care upon release.

GAO reviewed BOP documentation on inmate reentry assistance. GAO also interviewed BOP officials, including those from two BOP facilities selected, in part, for variation in facility type, size, and region of the country. In addition, GAO reviewed BOP's approach against federal internal control standards.

## What GAO Recommends

GAO recommends that BOP assess the effectiveness of its reentry policies and procedures for facilitating inmate enrollment in health coverage and helping ensure continuity of care. BOP concurred with the recommendation.

View [GAO-23-105610](#). For more information, contact Carolyn L. Yocom at (202) 512-7114 or [yocomc@gao.gov](mailto:yocomc@gao.gov), or Gretta L. Goodwin at (202) 512-8777 or [goodwing@gao.gov](mailto:goodwing@gao.gov).

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# BUREAU OF PRISONS

## Assessment of Health Care Reentry Policies and Procedures Needed

## What GAO Found

Federal law requires the Federal Bureau of Prisons (BOP) to establish reentry planning procedures to help inmates apply for federal and state benefits upon release, such as Medicaid. BOP policies and procedures direct its facilities to target assistance with health coverage enrollment and continuity of care to the 3 percent of inmates BOP has designated as having greater health needs. This includes assisting with Medicaid and other benefit applications and arranging follow-up care upon release. For the remaining 97 percent of inmates who are generally healthy, BOP directs its facilities and Residential Reentry Centers to provide relatively limited health care reentry assistance.

### Bureau of Prisons (BOP) Health Care Reentry Assistance

#### Inmates with greater health needs (e.g., HIV/AIDS, cancer treatment)

- Facility staff provides information on health coverage options
- Social worker assists with application for disability benefits, which confers Medicaid eligibility in most states
- Social worker may assist with application for Medicaid or other health coverage
- Social worker identifies community health care resources and may arrange for care, such as placement in a nursing home

#### Inmates with no or limited health needs (e.g., medication-controlled diabetes)

- Facility staff provides information on health coverage options
- For certain inmates, social worker may assist with application for health coverage or arrange care appointments in community
- Case managers provide information on health coverage options and may connect inmates with community organizations for further assistance
- Reentry center provides phone/internet access to assist with application for health coverage

#### Reentry assistance provided at:

 BOP facility  BOP-contracted Residential Reentry Center

Source: GAO analysis of BOP policies and procedures. | [GAO-23-105610](#)

GAO found that BOP has not assessed the effectiveness of its health care reentry policies and procedures, including the targeting of assistance by inmate health needs and what assistance is provided. This is inconsistent with federal internal control standards, which recommend agencies periodically reassess policies and procedures for continued effectiveness. BOP collects some information that could support an assessment, such as documentation from social workers' reentry efforts, but it is not using this information and has no plans to do so. By assessing effectiveness, BOP would have a better understanding of whether or not its approach is assisting inmates during the reentry process with their health care coverage and continuity of care needs, and whether changes are needed.