Health Reform WK-EDGE Wrap Up, MEDICAID EXPANSION—OTHER AGENCY ISSUANCES: HHS proposes using Medicaid to improve criminal justice, (May 4, 2016)

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Access to Medicaid and other health benefits is important to improve the health of justice-involved individuals and to reduce the incidence of recidivism. Through CMS and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), HHS released three documents focused on (1) explaining the need to provide Medicaid and other health benefits to individuals prior to, during, and after stays in correctional facilities and (2) offering information to facilitate states’ improvement of Medicaid access for all justice-involved individuals (CMS Letter, SHO No. 16-007, April 28, 2016; ASPE Issue Brief, April 28, 2016; ASPE Brief, April 25, 2016).

Justice-involved. Justice-involved individuals are those who are currently or have been involved with the criminal justice system. The definition applies to those who are awaiting trial, convicted of a crime, on probation, under home confinement, incarcerated in jail or prison, under community residential supervision, or on parole. The U.S. has one of the highest incarceration rates in the world, with 2.2 million people currently incarcerated and 4.7 million people under probation or parole.

Need. According to HHS, justice involved individuals have disproportionately high health care needs, resulting from higher rates of chronic conditions, HIV infection, mental disorders, and substance use disorders. Mental health issues are common among incarcerated individuals. According to 2005 data, 56 percent of people in state prison, 45 percent of people in federal prison, and 64 percent of people in jail reported symptoms of a mental health disorder. While jails and prisons are obligated by law to provide necessary health services to incarcerated individuals, many people go without needed health care while incarcerated. Additionally, the population is largely uninsured. For example, a survey of San Francisco county jails found that about 90 percent of people who entered county jails in 2005-2006 had no health insurance. HHS believes that by improving health care coverage for justice-involved individuals before and after incarceration, physical and mental health outcomes will improve alongside the rate of recidivism—the rate at which justice-involved individuals return to incarceration.

Medicaid. As a result of the expansion of Medicaid in many states to all adults with incomes below 133 percent of the federal poverty level (FPL) under the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148), many justice-involved individuals are newly eligible for Medicaid. Specifically, 22 percent of the newly eligible population, or 2.68 million of the newly eligible individuals, are justice-involved. Those individuals are also predominantly men.

Benefits of Medicaid. ASPE projects that the enrollment of incarcerated individuals in Medicaid also stands to reduce burdens on correctional facilities because some health care costs previously shouldered by correctional facilities could be carried by Medicaid programs. For example, one effort in a non-expansion state—the North Carolina Inmate Medicaid Enrollment program—has indicated potential savings of $178,000 for each incarcerated person enrolled in Medicaid, totaling roughly $2 billion in savings.

Access. To improve access, ASPE recommends that organizations serving justice involved individuals partner with human services agencies, providers, and other community organizations to conduct health outreach and enrollment efforts. The agency also proposed that stakeholders develop coordinated care models that help individuals connect with health care providers prior to their release from jail or prison. Additionally, ASPE recommended engagement of the families of justice-involved individuals to convey the importance of coverage. ASPE also recommends that stakeholders rely on novel coverage approaches, like the one piloted in North Carolina, to pay for inmate and justice-involved health care in new and more cost-effective ways.