



# Criminal Justice-Involved Populations

## Health care policy trends in caring for incarcerated individuals

For any day in 2020, roughly 2.3 million people were held in U.S. prisons and jails.<sup>1</sup> Many will end up reentering their communities with complex health and social needs. Today, several states are designing strategies to connect these individuals to health care and other forms of help to successfully reintegrate them into their communities.

State health leaders are also aware and concerned about the costs of providing health care to people while they are in jails and prisons, as well as after they exit the criminal justice system.

State departments of correction spend on average more than \$5,700 per inmate annually to provide health care services (e.g., medical, dental, behavioral) with costs ranging from less than \$3,500 to over \$10,000 per inmate,<sup>2</sup> according to research submitted to Pew Charitable Trusts and Vera Institute. These costs are further compounded by the continually growing infrastructure costs of running correctional facilities.

## Health Care Policy Trends Related to Caring for Incarcerated Individuals

---

Physical and behavioral health care needs among people in prisons and jails are much higher than for the general public. At the same time, health care expenses for this group are growing because of rising rates of infectious and chronic diseases, mental illness and substance abuse among the population. The health of the inmate population is further challenged by its trend in aging and the difficulties associated with delivering health care in a criminal justice setting.

The health care needs of inmates are also influenced and exacerbated by the abuse and trauma that many experienced before they interacted with the criminal justice system, as well as the violence witnessed and trauma experienced while in prison or jail. One study showed that between 30% and 60% of men in state prisons had post-traumatic stress disorder (PTSD).<sup>3</sup> Additionally, half of women involved in the criminal justice system experience at least one traumatic event during their lives.<sup>3</sup>

### How they Differ: Jails vs. Prisons

**Jail.** Usually run by a city or county, jails house individuals with shorter sentences (less than a year) or those newly arrested, awaiting trial or sentencing. Average jail stay is 25 days and at least 25% are arrested again within the same year.

**Prison.** Under jurisdiction of a state or federal government, prisons house individuals for longer sentences. Those breaking state laws are sentenced to state prisons and federal laws to federal prisons. More than 600,000 people enter prison each year.

# Federal Policy Trends Snapshot

Since the Affordable Care Act (ACA) passed, 38 states and the District of Columbia have expanded Medicaid eligibility to include inmates once they leave jail or prison. However, state health leaders are realizing Medicaid coverage alone is not enough to help inmates become healthier and so policy guidance and additional policy changes are needed.

**CMS Guidance.** Involvement in the criminal justice system doesn't affect a person's Medicaid eligibility, but the program cannot cover services provided to inmates (with the exception of inpatient hospital stays). The Centers for Medicare and Medicaid Services (CMS) has provided guidance for states to temporarily suspend eligibility to help preserve a continuity of care upon release. Additionally, a federal law enacted in 2018 requires suspension of Medicaid eligibility for juveniles who become inmates.

**Exploring Strategies.** The following policies have been considered by Congress and reflect national efforts to develop forward-thinking policies to help improve the health of people in jails and prisons.

- **Repealing the Inmate Exclusion Policy.** This effort would remove a current Medicaid policy that excludes inmates from care and would support federal funding to cover health care related expenses for inmates who are currently enrolled in or eligible for Medicaid.
- **Authoring Reentry Services.** This effort would allow payment for medical services for someone in jail or prison up to 30 days before their release. States would have the flexibility to restart all benefits for Medicaid-eligible inmates prior to their release. Currently, some states provide reentry services to this group, either through waivers or by limiting funding to state dollars.

## By the Numbers: Inmate Health Care Needs

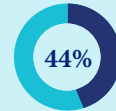
Among individuals residing in jails or prisons:



have or previously were diagnosed with a chronic medical condition such as cancer, high blood pressure, diabetes or asthma<sup>4</sup>



of prisoners have a history of a mental health problem<sup>5</sup>



of jail inmates have a history of a mental health problem<sup>5</sup>



or more have a substance use disorder<sup>6</sup>

Compared to the public, people in the prison system have:

**9 to 10** times the rate of Hepatitis C<sup>7</sup>  
**8 to 9** times the rate of HIV<sup>7</sup>  
**4** times the rate of active tuberculosis.<sup>7</sup>

# State Policy Trends Snapshot

In an effort to reduce recidivism and help relieve financial burdens, some states are putting into place or considering the following strategies:



**Suspend, Not Terminate.** More states favor suspending Medicaid<sup>8</sup>, rather than eliminating it, when a person enters jail or prison. This allows their coverage to be “turned back on” more quickly upon release.



**MCO-Coordinated Care.** A number of states currently require or are encouraging Managed Care Organizations (MCOs) to provide care coordination services to enrollees before their release from jail or prison.



**Reentry Services.** Some states are looking into reentry services up to 30 days before release into the community.



**Information Exchange.** Twenty-three states have electronic information exchange processes between corrections departments and the Medicaid program to help suspension or reinstatement of Medicaid eligibility happen faster.



**Delayed Action.** One state has delayed actions on individual Medicaid eligibility (suspension or termination) for up to 29 days after a person enters jail or prison. This is especially beneficial for jail inmates, given the shorter length of stays.



**Stepping Up.** States and counties are joining Stepping Up, a national project to develop strategies to help reduce mental illness in jails and prisons.

# Considerations for Serving Justice-Involved Populations

As part of ongoing efforts to reduce recidivism rates and correctional health care costs, more states are looking to MCOs to support individuals leaving jail and prison in their transition back to the community. States are likely to continue considering policies that reduce the limitations associated with Medicaid access and coverage. It's important to note some considerations for supporting justice-involved populations:



**Supporting the justice-involved population is a health equity issue.** Black adults are imprisoned at a rate nearly six times the rate of White adults. Black and Hispanic individuals also represent disproportionately higher shares of those in jails and prisons compared to their share of the total adult population in the U.S.<sup>9</sup> By focusing on the justice-involved populations, health care leaders, MCOs and policymakers can partner on dedicated strategies to reverse inequities and address outcome disparities.



**Population is likely to have high Medicaid eligibility.** As people in jails or prison are disproportionately low-income and have high rates of chronic health conditions, a large percentage of this group is likely to be eligible for Medicaid. By one estimate, more than 80% of the prison population in some states qualify for Medicaid at time of release.<sup>10</sup> Providing services to inmates before their release (where authorized) would help ensure a continuity of care while also helping decrease the chance they will reoffend. Partnerships between states and MCOs would further support positive health outcomes and help drive down health care costs.



**Care access for inmates positively impacts children.** Among inmates in jails and prisons – both men and women – roughly half are parents to at least one child.<sup>11</sup> Parents who have health coverage are more likely to have children who are insured, which improves children's access to care.<sup>12</sup> When states and MCOs work together to improve access to care among inmates, those efforts often have a positive impact on the health care needs of their families.



Visit [UHCommunityandState.com](https://www.uhcccommunityandstate.com) to learn more about our local focus.



Sign up for our monthly Inside Community & State newsletter at [UHCCS.com/newsletter](https://www.uhccs.com/newsletter)



Follow us on Twitter @UHCCS

## Sources:

<sup>1</sup> <https://www.prisonpolicy.org/reports/pie2020.html>

<sup>2</sup> [https://www.pewtrusts.org/~media/assets/2017/10/sfh\\_prison\\_health\\_care\\_costs\\_and\\_quality\\_final.pdf](https://www.pewtrusts.org/~media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf)

<sup>3</sup> <https://www.prisonpolicy.org/blog/2020/12/02/witnessing-prison-violence/>

<sup>4</sup> <https://bjs.ojp.gov/content/pub/pdf/mpsfpi1112.pdf>

<sup>5</sup> <https://bjs.ojp.gov/content/pub/pdf/imhprpi1112.pdf>

<sup>6</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf>

<sup>7</sup> [https://www.rand.org/pubs/research\\_briefs/RB6013.html](https://www.rand.org/pubs/research_briefs/RB6013.html)

<sup>8</sup> Alabama (only terminates if in prison); Idaho; Illinois (terminates in jails); Kansas; Missouri; Nevada (legislative action in 2021 that passed in Senate but didn't get through before adjournment); North Carolina (only in jails); Oklahoma; Utah (legislation introduced in 2021 with no action)

<sup>9</sup> <https://www.pewresearch.org/fact-tank/2019/04/30/shrinking-gap-between-number-of-blacks-and-whites-in-prison/>

<sup>10</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2019/jan/state-strategies-health-care-justice-involved-role-medicaid#:~:text=New%20York%20and%20Colorado%2C%20for%20example%2C%20estimate%20that,from%20jail%20or%20prison%20%28Exhibit%203%29.%20Exhibit%203>

<sup>11</sup> <https://bjs.ojp.gov/content/pub/pdf/pptmcspi16st.pdf>

<sup>12</sup> <https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and>