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Health Care and Health Care Financing for COVID-19 in Correctional Facilities

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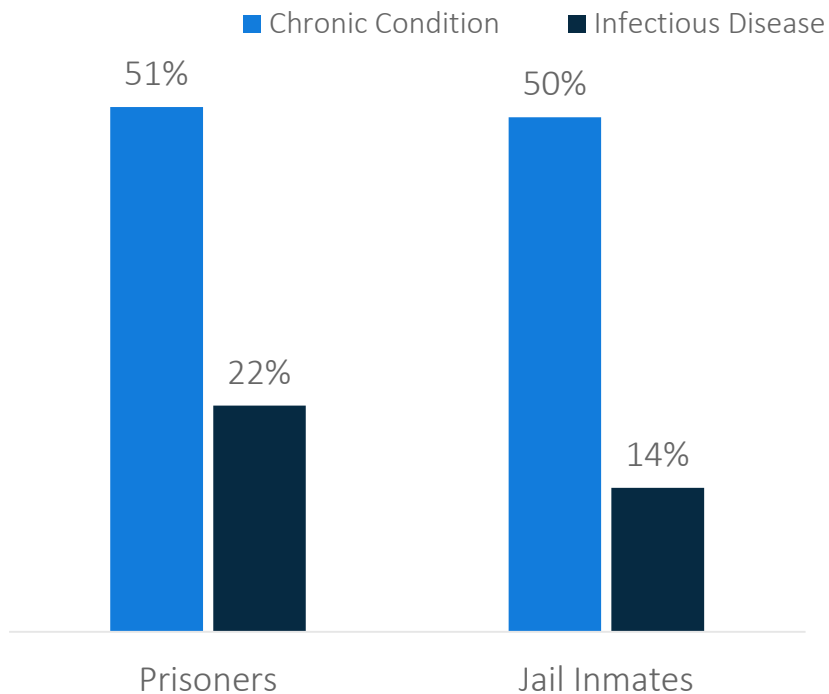
Improving Health and Public Safety by Building a System of Care for People Involved in the Justice System

- ➔ **Build** a stronger health care system, address public health, promote coordination, manage costs
- ➔ **Support efforts** to improve public safety, reform criminal justice systems, and reduce recidivism
- ➔ **Eliminate significant racial disparities** in the health and criminal justice systems

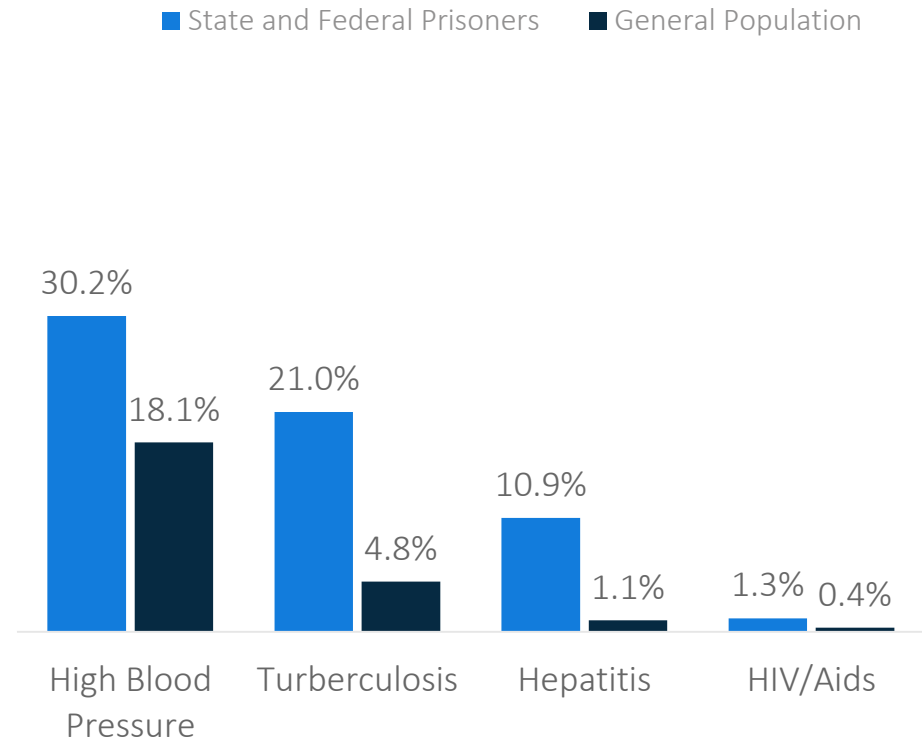


People in the Justice System Have High Rates of Chronic and Infectious Diseases

Rates of Disease Among
Prison and Jail Inmates



Rates Among Federal Prisoners
vs. the Overall Population



SOURCE: Bureau of Justice Statistics, Medical Problems of Prison and Jail Inmates, 2011-12. Reflects numbers of inmates who report ever having had a chronic condition.

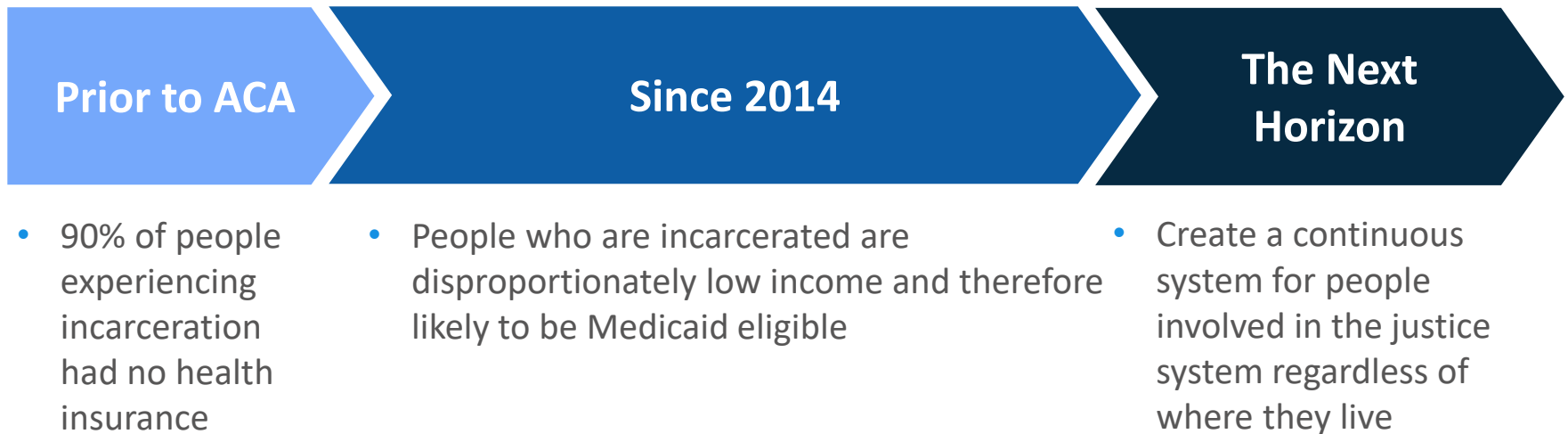
Challenges in Financing and Providing Correctional Health Care

- Correctional health care providers serve and are responsible for populations with extremely complex health care needs
 - Playing outsized role for people with behavioral health needs
 - Many people enter incarceration without having accessed health care services in community
- Correctional health care is primarily financed by state and local governments
- Spending, services and quality vary widely
- Infrastructure, oversight, and decision-making processes differ from those of community health care settings
- Services are siloed from community services and providers
- Substantial discontinuities stand in the way of coordination at entry and re-entry

Medicaid's Role in the Criminal Justice System Has Evolved

Medicaid:

- *provides health and long-term care insurance for more than 70 million low income Americans*
- *is a major financing source for health care services in the U.S.*
- *39 states have adopted the Affordable Care Act's (ACA) coverage expansion for low-income adults*



Medicaid's "Inmate Exclusion" Separates Correctional Health from the Larger Health System

The Inmate Exclusion

- Inmates may be enrolled in Medicaid -- but Medicaid will not cover services while people are incarcerated
 - Inpatient hospital services, which are provided in communities, are excepted
 - Exclusion established when Medicaid was created in 1965
 - Primary purpose was to prevent cost-shifting to federal government

Medicaid's Potential to Improve Health Services in Jails

Leveraging Medicaid coverage and financing can strengthen health care services, public health and public safety

- ➔ Establish systems that cross correctional and community providers that are designed to reduce justice involvement
- ➔ Meet a Medicaid standard of care
- ➔ Promote access to services, such as COVID testing, treatment, vaccine
- ➔ Recalibrate financing responsibilities between federal, state, local governments

Considerations:

- ➔ Operational investments will be needed to meet a Medicaid standard of care
- ➔ Gaps in access to community services, especially behavioral health, need to be filled

Recent Significant Proposals to Change Medicaid's Role in the Justice System

State Waiver Proposals

COVID proposals

- **California** and **Illinois** seek Medicaid coverage for COVID-19 testing and treatment for Medicaid beneficiaries who are incarcerated

Reentry proposals

- **New York** and **Utah** seek authority to cover services for people who are preparing to leave incarceration and return to their communities

Federal: Medicaid Reentry Act

- Passed by the House in COVID response legislation; originally introduced by Reps Tonko (D-NY), Turner (R-OH), Sensenbrenner (R-WI)
- Provides Medicaid benefits for people in the thirty days before release from incarceration
- Advances the COVID-19 response by strengthening services and continuity
- Relieves pressure on state and local budgets by recalibrating financing responsibilities



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