

HEALTH CARE OPTIONS FOR YOUNG ADULTS IN THE JUSTICE SYSTEM FOR ADVOCATES

December 2014

Young adults entering and leaving incarceration face unique challenges accessing health care.¹ These young adults are more likely to have health issues and less likely to be insured than general population, and many require regular access to care and medication.² **The good news is that incarcerated young adults want to learn about their health care options, and securing access to care is a major concern for many of them.**

THE NEED

Every year, 10 million people cycle in and out of correctional facilities.² And most of these individuals are young: in 2012, 77 percent of prisoners released nationally were aged 44 or younger.³

Incarcerated and formerly incarcerated individuals face a substantial amount of health and behavioral health issues, including mental health and substance abuse disorders.⁴ Incarcerated individuals are also more likely to have diseases and chronic illnesses like tuberculosis, Hepatitis C, HIV, diabetes, asthma, and hypertension, so access to health care is especially important to this population.⁵

While they are incarcerated, these individuals receive health care from the government, but as soon as they are released they are on their own. Historically, this has meant that these individuals have struggled to get access to the health care they need; but the Affordable Care Act (ACA) has created new ways for uninsured people to obtain coverage for both physical and behavioral health care. Minimizing coverage gaps after release is important in order to ensure that individuals continue to have access to any prescriptions or treatment they need.

NEW HEALTH COVERAGE OPTIONS

The ACA expands the accessibility and affordability of health coverage in the US in several ways. The ACA created new Health Insurance Marketplaces in each state, where consumers can shop for health plans and get discounts on coverage. It also offered states funding to expand their Medicaid programs to include all low-income adults; so far, 27 states and Washington, DC have done so. Individuals cannot be covered by Medicaid or Marketplace plans while they are incarcerated, but they can apply or get ready to apply for these programs during incarceration so they can get covered after release.

For purposes of the ACA, “incarcerated” only includes the time spent serving a term in prison or jail; it does not mean living at home or in a residential facility under supervision of the criminal justice system.⁶ Incarceration also does not include being on probation, parole, or home confinement. Similarly, a person is not considered incarcerated if they are in jail or prison prior to conviction.

INCARCERATION AND THE MARKETPLACE

The health insurance Marketplace gives consumers the opportunity to buy private insurance plans, which can be subsidized by tax credits if the individual qualifies. Individuals cannot use the Marketplace to buy a private insurance plan while they are incarcerated, but after they are released they can apply, and may qualify for lower costs on monthly premiums and out-of-pocket costs, depending on their household size and income.⁷

After an individual is released, they will have a 60-day special enrollment period to sign up for private health coverage through the Marketplace. After this 60-day special enrollment period, individuals will not be able to buy private health insurance until the next Marketplace open enrollment period (unless they experience another life change that qualifies them for another special enrollment period). The Marketplace open enrollment period for 2015 runs from November 15, 2014 to January 15, 2015.⁸

Given the limited time period that individuals leaving incarceration have to enroll in coverage, it is important that individuals close to release are educated about their health care options – including where they can go to get help applying for coverage in their area – *before* they are released. **Community organizations that work with incarcerated individuals should consider partnering with a local group that provides in-person assistance to people looking to enroll in health coverage, to educate inmates about their health care options before their release.** You can find a list of these in-person assisters in your area by visiting LocalHelp.HealthCare.gov.

INCARCERATION AND MEDICAID

Historically, Medicaid has provided free or low-cost health coverage only to certain categories of low-income adults, like parents, pregnant women, and people with disabilities. **But thanks to the ACA, states have the option to expand their Medicaid program to cover all low-income adults!** This means that under the ACA, states can extend Medicaid to cover low-income childless adults – a significant part the prison-involved population.⁹ So far, 27 states and DC have done so.¹⁰ You can find out whether your state has expanded Medicaid at HealthCare.gov/medicaid-chip/medicaid-expansion-and-you/.¹¹

Medicaid will not cover individuals while they are incarcerated, but an individual can apply for Medicaid through the Marketplace or their state’s Medicaid agency while

they are still incarcerated. Applying for Medicaid while still incarcerated will cut down on wait times and gaps in coverage between the time an individual is released and the time their Medicaid coverage starts.¹² Some states have a several month backlog to enroll in Medicaid right now, so applying early can save a lot of trouble later. Continuous access to health care is essential for many incarcerated young adults, so individuals should begin applying for Medicaid several months prior to their release to avoid any gaps in coverage once they are released.

Better still, some states will let individuals put their Medicaid coverage on hold while they are incarcerated, meaning their coverage will resume when they are released.¹³ If possible, individuals should enroll in Medicaid before they are incarcerated, and simply suspend their coverage for the length of their incarceration. That way they can get coverage during pre-trial and trial, and avoid coverage gaps when they are released!

Some prison systems have inmates fill out Medicaid applications during intake, but some do not. Individuals should ask their corrections counselor about enrolling in Medicaid, but community organizations can send inmates paper copies of the application, which can be submitted by mail by the inmates. It takes persistence in some cases, but continuous health care coverage is essential for many incarcerated individuals, so perseverance is key!

COMMUNITY HEALTH CENTERS

In states where Medicaid coverage has not been expanded, health coverage may continue to be unaffordable for the lowest income individuals. That is because in states that have not expanded Medicaid, individuals living below the poverty level (about \$11,670 a year for an individual) generally do not qualify for subsidized coverage through the Marketplace and do not qualify for Medicaid (since their state chose not to expand eligibility).

If an individual cannot afford health coverage, he or she may be able to access certain health care services by going to a Community Health Center (CHC). CHCs offer free or low-cost care to people who are uninsured, underinsured, low-income, or those living in areas where access to primary health care is scarce. If a recently released individual needs to see a doctor, but cannot afford a private plan and does not qualify for Medicaid, CHCs offer low-cost medical care for such individuals.

CHCs typically cover primary care and dental care, but some clinics also include internal medicine, pediatric care, women's health, family planning, optometry, pharmacies, and more. You can find a local CHC by contacting your county, or by visiting findahealthcenter.hrsa.gov/Search_HCC.aspx.¹⁴

IT'S IMPORTANT, AND IT'S WORTH IT

Health insurance may seem small when compared to the variety of obstacles facing recently

incarcerated young adults, but having access to health care improves the quality of life and reduces the recidivism rate for former inmates.¹⁵ Studies have shown that, particularly with ex-inmates with severe mental health or substance abuse issues, immediate access to health care upon release helps reduce recidivism. For example, a 2007 study of two counties in Florida and Washington over a two-year period linked access to Medicaid with a 16 percent reduction in the average number of subsequent lock-ups.¹⁶ **As a community organization, you can help educated young adults in the justice system about their health care options and connect them with local assisters to guide them through the application process.**

CITATIONS

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⁵ Susan D. Philips, *Implications for Public Safety and Corrections Populations*, 2.
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⁷ “Income levels that qualify for lower health coverage costs,” HealthCare.Gov, accessed November 3, 2014, <https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/>.

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⁹ “Medicaid expansion & what it means for you,” HealthCare.Gov, accessed October 10, 2014, <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>.

¹⁰ Medicaid does not cover standard health care for inmates, although it can pay for their hospital stays beyond 24 hours. Erica Goode, “Little-Known Health Act Fact: Prison Inmates Are Signing Up,” The New York Times, March 9, 2014, http://www.nytimes.com/2014/03/10/us/little-known-health-act-fact-prison-inmates-are-signing-up.html?_r=0.

¹¹ These states are California, Colorado, Florida, Iowa, Maryland, Minnesota, New York, North Carolina, Ohio, Oregon, Texas, and Washington. The Council of State Governments Justice Center, *Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System* (Lexington, KY: 2013), 3, accessed November 10, 2014, <http://csgjusticecenter.org/wp-content/>

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¹³ Chris Kardish, “How Medicaid Expansion can Lower Prison Costs, Recidivism,” *Governing*, November 26, 2013, <http://www.governing.com/news/headlines/How-Medicaid-Expansion-Lowers-Prison-Costs-Recidivism.html>.

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