Health Care
In and Out of Prison

BY SAMANTHA SCOTTI

Former inmates struggle if they have no health coverage after being released. Nearly two-thirds of all prisoners are addicted to drugs or alcohol. After being released, they are at a very high risk of using again. Inmates also report having higher rates of high blood pressure, diabetes, hepatitis C, HIV and mental health problems than the general population.

Medicaid doesn’t cover the health care costs of inmates inside jails or prisons, except for inpatient hospital or nursing home care for those who qualify. States are responsible for the health care costs of inmates in state prisons, just as localities pay for care in county jails. Providing that care can be expensive.

States spent $8.1 billion on health care in correctional facilities during fiscal year 2015, with a median expense of $5,720 per inmate, according to a soon-to-be-released report by The Pew Charitable Trusts.

When prisoners stay healthy, states’ budgets stay healthier too.

Ensuring a Smooth Transition

Eventually, 95 percent of all inmates are released from state prison systems, and their successful transition can depend on having appropriate care and treatment services available. Achieving and maintaining healthy and productive lifestyles increases former inmates’ chances of finding work, successfully reintegrating into their communities and staying out of prison.

This is particularly true for inmates who have mental health or substance use disorders.

Without health care coverage, many of them are released without the ability to get the medicines they need.

Obtaining health insurance, or at least access to routine health care services, has long posed challenges for prisoners after their release. When former inmates don’t find coverage, states often end up paying for their expensive, but often avoidable, health care and social services needs down the road.

In the District of Columbia and the 31 states that have recently expanded their eligibility requirements under the Affordable Care Act, many former inmates now qualify for Medicaid.

Lawmakers and agency heads in several states have worked hard to find ways to connect inmates with affordable health care or...
Medicaid before they get out to ensure there is continuity of care. At least nine states have programs that begin the Medicaid application process early enough to have the inmate’s enrollment ready the day of his or her release. Efforts like these often require good communication and coordination between the department of corrections and the state Medicaid program.

Ohio’s Department of Rehabilitation and Correction, for example, works with the state’s Department of Medicaid to help inmates obtain a Medicaid managed care plan at least 90 to 100 days before their release. When released, they have a care coordinator to help them find a primary care doctor, make and confirm appointments, and learn about urgent care, health care specialists and transportation benefits.

“This program has allowed thousands of Ohioans to transition back to the community with their health care already in place,” says Ohio Department of Medicaid Director Barbara Sears.

Suspension allows Medicaid coverage and services to resume immediately upon release from prison, avoiding the lengthy reapplication process—which can take anywhere from 45 to 90 days and leave former inmates without services while waiting to be re-enrolled. Suspension also can save on administrative costs related to the Medicaid reapplication and eligibility determination process.

Alabama lawmakers passed Medicaid-suspension legislation this year “to stop the revolving door for people with serious mental illnesses in our jails and prisons, and to reduce prison medical costs to the state,” the bill’s sponsor, Senator Cam Ward (R), says. “In short, if the state terminates Medicaid coverage upon incarceration, the state loses the ability to shift the costs to the federal government.” since funding for Medicaid is a shared state-federal responsibility.

Ensuring that ex-offenders don’t have to worry about how and where to get health coverage after their release helps them readjust to life in their communities, says Sears, the Ohio Medicaid director. It’s “one less stressor for them.”

And who wouldn’t want less stress?