

Healthcare and Incarceration: Medicaid Termination and Suspension

Community Voices: Healthcare for the Underserved
Overview

There is a healthcare crisis impacting the citizens of this nation, particularly the poor and underserved. Many receive inadequate healthcare because they are uninsured or underinsured. Others receive no treatment at all. At the same time, over 2.1 million people are incarcerated in jails and prisons in the United States. This mass incarceration of individuals has had a disproportionate impact on people of color, particularly African-American men, who were arrested, convicted, and incarcerated at rates higher and longer than other racial and ethnic groups. This excessive removal of African-American men impacts the health, social, emotional and financial status of their children, families and the community at large. In addition, it further exacerbates the impact of health disparities already evident in the African-American community. The dire statistics are also increasingly evident in the Latino community, other communities of color and the white community.

Over 650,000 ex-offenders are released each year to return to their communities, children and families. Due to the high rates of incarceration of African-American men, the consequences of incarceration impinge distinctively on them. African-American men are punished twice for their criminal offenses. First, they are punished by the criminal justice system when they enter prison; and second, once they have served their sentences and returned to their communities, they are punished again by social policies and barriers that prevent them from fully reintegrating and providing for their children and families.

*The Face of the Incarcerated**

- Black men comprised 41 percent of the more than two million men in custody, and black men age 20 to 29 comprised 15.5 percent of all men in custody in June 2006.
- In relation to the general population, 4.8 percent of all black men were in custody at midyear 2006, compared to about 0.7 percent of white men and 1.9 percent of Hispanic men.
- The incarceration rate for black men was the highest among black men age 25 to 29. About 11.7 percent of black males in this age group were incarcerated midyear 2006.

- In midyear 2006, the number of female prisoners rose at a faster rate than the number of male prisoners, but men were 14 times more likely to be incarcerated than women.

The Health Status of Inmates

- Those who are incarcerated suffer from a myriad of health care problems including HIV/AIDS, tuberculosis, hepatitis B, hepatitis C, hypertension, diabetes, asthma, cancer, Alzheimer's and mental illness. Many inmates also have poor oral health which can complicate chronic conditions such as diabetes and cardiovascular disease. Once released, these individuals will return to their communities, children and families, many of which are overburdened and underserved, in poor health with limited or no access to health care resources.

Medicaid Termination and Suspension

- Many people who were eligible for Medicaid pre-incarceration are unable to receive Medicaid when they are incarcerated, and do not have health insurance when they return to their families.
- Many ex-offenders previously enrolled in Medicaid prior to incarceration are still eligible for Medicaid upon release. The obstacles and delays in reapplying for benefits – a process that may take weeks or months, if it happens at all – are significant and are complicated by the lack of stable housing as a result of other Federal rules and regulations have compromised the ability to receive mail that may request additional information or contact with Medicaid offices.
- Pre-release planning with individuals prior to their release would likely guarantee that individuals would have their coverage reinstated upon release.
- In the meantime, these individuals do not receive treatment or a continuum of care for infectious diseases, chronic diseases, substance abuse or mental illnesses.

- Under the Medicaid program, states cannot receive federal matching Medicaid funds to pay for services for inmates of public institutions. However, states are not required to terminate Medicaid eligibility but may suspend eligibility during incarceration. Many states choose to terminate Medicaid benefits.
- This problem goes largely unaddressed and unquantified because there is no mandated official oversight to ensure that benefits are immediately restored when people return to communities thereby facilitating seemingly a de facto disenrollment process.
- For example, in Georgia, an official recently commented that only one or two applications for Social Security Insurance (SSI) and other entitlements are received from formerly incarcerated people each month, while 1,250 people come home each month.
- Certainly not all of those returning to the community would qualify for Medicaid; however, it defies common sense to think that only one or two would. Moreover, not only do we not know how many people are eligible upon release from prison or jail; we do not even know how many people lose their benefits due to incarceration, making it more difficult to monitor how many are getting them back.

Medicaid and Supplemental Security Income (SSI)

- “Most individuals with mental illnesses qualify for Medicaid through SSI. SSI eligibility automatically results in Medicaid eligibility in most states.”^b
- When incarceration is for less than 12 consecutive months, SSI benefits are suspended. “People who have been incarcerated for a year or more and have had their benefits suspended for at least 12 consecutive months must file a new application for SSI upon release.”^c
- “If SSI benefits are terminated, Medicaid benefits are automatically terminated, and individuals must reapply for Medicaid (as well as SSI) when they are released from incarceration.”^d

- “If SSI benefits are suspended, states may opt not to terminate Medicaid benefits. Unfortunately, many states do terminate Medicaid automatically upon incarceration, whether or not SSI has been terminated.”^e

Recommendations

- Require pre-release reentry programs to be established in local, state and federal correctional facilities to ensure that individuals receive the medical, legal and social services needed for successful reentry.
- Create community justice policy centers where those returning can receive comprehensive medical, legal and social services.
- In order to expedite reinstatement of benefits, states should not terminate Medicaid coverage for those incarcerated; instead, the benefit should simply be suspended.

(Endnotes)

^a Sabol, Minton and Harrison. (2007). *Prison and jail inmates at midyear 2007*. Bureau of Justice Statistics.

<http://www.ojp.usdoj.gov/bjs/abstract/pjim06.htm>

^b National Alliance on Mental Illness. *The Impact of Incarceration on Medicaid and Medicare Benefits for People with Mental Illnesses*. P.1
http://www.nami.org/Content/ContentGroups/Policy/Issues/Spotlights/Criminalization/Medicaid_and_criminalization_factsheet.doc

^c Bazelon Center for Mental Health Law. *For people with serious mental illnesses: Finding the key to successful transition from jail to the community – An Explanation of Federal Medicaid and Disability Program Rules*
www.bazelon.org/issues/criminalization/findingthekey.html

^d National Alliance on Mental Illness. *The Impact of Incarceration on Medicaid and Medicare Benefits for People with Mental Illnesses*. P.1.
http://www.nami.org/Content/ContentGroups/Policy/Issues/Spotlights/Criminalization/Medicaid_and_criminalization_factsheet.doc

^e National Alliance on Mental Illness. *The Impact of Incarceration on Medicaid and Medicare Benefits for People with Mental Illnesses*. P.1.
http://www.nami.org/Content/ContentGroups/Policy/Issues/Spotlights/Criminalization/Medicaid_and_criminalization_factsheet.doc