



Massachusetts Public Health Association

Testimony in Support of Senate Bill 598: An Act Relative to MassHealth Enrollment for Persons Leaving Correctional Facilities in Massachusetts

October 20, 2003

Chairman Moore, Chairman Koutoujian, and members of the Joint Committee on Health Care:

On behalf of the Correctional Health Campaign at the Massachusetts Public Health Association, I am writing to ask for your support of Senate Bill 598, legislation sponsored by Chairman Moore and co-sponsored by Senators Baddour and Fargo, which will improve the continuity of care that ex-offenders receive as they return to their communities. S598 requires that the Division of Medical Assistance (DMA) work in collaboration with the Department of Correction, county jails, and county houses of correction to “establish a system of medical care such that persons who will become eligible for MassHealth benefits upon release from Massachusetts correctional facilities shall begin receiving benefits immediately upon such release”. This bill will not only protect the health of people moving through the criminal justice system, but will also help to prevent transmission of infectious diseases and criminal behavior in the communities to which inmates return. **Please note that passage of this bill will not increase MassHealth benefits or eligibility, but will streamline the enrollment process to improve continuity of care.**

We must go back several months - to a time when MassHealth Basic was still in existence - to give some context to this bill. As you know, MassHealth Basic provided health coverage for the long-term unemployed before it was eliminated on April 1st of this year. At the time, most inmates were eligible for MassHealth Basic upon release from prison by virtue of their incarceration. Such coverage would allow ex-offenders to continue treatment for chronic and infectious diseases, substance abuse disorders, and mental health problems as they moved back to their communities. However, because the enrollment process could not begin until **after** a person left jail or prison, coverage often did not start until days and sometimes weeks after release. As a result, the health and mental health of many ex-offenders suffered due to a lack of access to medications and substance abuse treatment during the critical days following release. This break in access to care not only impacted their health status, but also hindered their success in reuniting with family, getting jobs and housing, and confronting the many other challenges of re-entry. Additionally, without substance abuse and mental health treatment upon release, the likelihood of criminal behavior and recidivism increased and ultimately cost the state more in reincarceration than if the ex-offender had received care and services **immediately** after release. Now, with the implementation of MassHealth Essential health coverage on October 1st, many of the health benefits for released inmates previously experienced under MassHealth Basic will be reinstated, bringing the issue of streamlined enrollment back to the forefront.

The problem of gaps in coverage upon release has been recognized as a significant barrier to successful reintegration for years. The issue was highlighted in the Celucci Administration's October 2000 policy report *Moving Beyond Serving the Homeless to Preventing Homelessness* as a major barrier to successful re-entry back into the community. Under then Governor Cellucci's leadership, the Executive Office for Administration and Finance established a Working Group on Discharge Planning that initiated a pilot program to fix this enrollment problem and track the results of such action at selected Houses of Correction. The success of the resulting pilot programs provided evidence that achievement of this goal was feasible. The DMA was supportive of expanding the pilots and anticipated implementing the new system statewide by the end of June 2001. At the Health Care Committee's Correctional Health Oversight Hearing in November 2001 this goal had not yet been achieved, but attendees were assured by a DMA representative it would be accomplished shortly. However, all such efforts were quickly set aside when the DMA began to be confronted with the challenges of the impending fiscal crisis. S598 would renew these historical efforts as they pertain to MassHealth Essential, requiring that the enrollment process be streamlined at all correctional facilities in Massachusetts.

Since the incarcerated population is often considered undeserving of care, many people might ask whether this bill is truly needed. It is important to recognize that the implications of this legislation extend much further than the health of the individual inmate, ultimately protecting the health and safety of the communities to which they return. Consider these facts:

- Massachusetts adult state prisoners have 10 times the rate of confirmed **AIDS** cases than the general U.S. population and Massachusetts had the 7th highest rate of reported **HIV** infection among inmates of all reporting U.S. states;¹
- **Hepatitis C** is 15 times more prevalent in male inmates and over 24 times more prevalent among female inmates entering custody our state prison system than the general public;²
- Fifty-nine percent of men and 68 percent of women entering the Massachusetts state prison system reported past injection or inhalation of **drugs**;³
- In Massachusetts state prisons, more than 17% of male inmates and over 50% of female inmates have open **mental health** cases;⁴ national studies indicate that over 75% of inmates with mental illness also have a **co-occurring substance abuse disorder**;⁵ research shows that those who suffer from both mental health problems and substance abuse disorders are at higher risk for violent and criminal behavior;⁶
- **97% OF INMATES ARE ULTIMATELY RELEASED BACK TO THE COMMUNITY**

It is also important to recognize the cost savings that will be experienced as a result of passage of this legislation. This bill will save money through:

- **Reduced recidivism by eliminating gaps in substance abuse and mental health treatment after release:** Substance abuse treatment has been found to contribute to a 20% reduction in recidivism;⁷ the average cost of housing and inmate for one year in a DOC facility was \$36,131 in 2000, while the cost of substance abuse treatment was \$1,800 to \$6,800 per year.⁸
- **Reduced need for expensive medical interventions by improving access to care upon release:** With high rates of hepatitis C, HIV, and other diseases among ex-offenders, immediate access to care upon release will slow the progression of their illnesses, reducing the need for more expensive medical care later.
- **More appropriate use of the health care system:** A survey of inmates at the Hampden County Correctional Center in Ludlow, Massachusetts found that 80% of chronically ill inmates had not received regular medical care prior to incarceration and many had been using the local hospital emergency room as their primary care provider. If inmates receive the coverage needed to seek

regular medical care after release, the community will realize the cost savings of fewer emergency room visits requiring expensive medical intervention from advanced and untreated illness.

We ask that you support Senate Bill 598, *An Act Relative to MassHealth Enrollment for Persons Leaving Correctional Facilities in Massachusetts*, which will ultimately save lives, save money, and protect the public's health and safety. Thank you for your consideration of this request.

For more information on the link between correctional health and community health and safety, please download MPHA's report "Correctional Health: The Missing Key to Improving the Public's Health and Safety" at www.mphaweb.org

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- ⁸ Center for Substance Abuse and Treatment, National Treatment Improvement Evaluation Study (NTIES), 1997 highlights. (<http://ncadi.samhsa.gov/govstudy/f027/default.aspx>)