Congress should address the national mental and behavioral health crisis through passage of legislation that defines pre-trial detainment vs. post-conviction incarceration and reinstates federal health care benefits for justice involved individuals that are detained prior to conviction.

Across America, the double standard created by the Medicaid Inmate Exclusion Policy (MIEP) is putting undue strain on our local judicial, law enforcement, public safety and human services systems. This error in legislation and federal policy results in higher rates of recidivism, increased healthcare costs and poorer health outcomes for residents. This policy drives the over-incarceration of those suffering from mental health and substance use disorders, as county jails have become the largest behavioral health facilities in the nation.

WHAT IS THE FEDERAL MEDICAID INMATE EXCLUSION POLICY?

WHAT IS THE PROBLEM?

• The Medicaid Inmate Exclusion Policy is only enacted for individuals confined inside the jail. Federal rules prohibit states from billing Medicaid for any inmate care unless the covered individual requires a hospital stay of at least 24 hours.

• Denies federal benefits to individuals who are still presumed innocent under the Constitution.
  ◊ Per rights outlined in the Due Process (5th Amendment) and Equal Protection (14th Amendment) clauses of the U.S. Constitution.
  ◊ Approximately two-thirds of the local jail population are being held prior to trial and have not been convicted of a crime. On any given day, local jails house approximately 465,000 non-convicted individuals.

• Removes access to Children’s Health Insurance Program (CHIP) benefits. More than 9,000 youths in juvenile facilities and awaiting trial are impacted.

• Limits access to veteran’s health benefits. In effect the veteran loses access to a VA medical care facility while incarcerated until such time as he or she is unconditionally released.
  ◊ More than half of justice-involved veterans have either mental health conditions, such as PTSD, depression or anxiety, or substance use disorders.
WHY IS THIS A PROBLEM?

- Across the nation, there is a growing reliance on local jails to serve as “one-stop” treatment centers for individuals suffering from mental health, substance abuse, and other chronic illnesses.

- County jails are now some of the largest behavioral health care providers in our communities, funding and operating hospitals and health care treatments within the walls of local jails.

- County governments operate 2,875 of our nation’s 3,160 local jails. Each year, local jails admit approximately 11 million individuals, with a daily population of 740,000. The total annual jail population is 18 times the annual population of federal and state prisons.

- Our national mental health crisis is concentrated in our local jails. Serious mental illnesses are three to four times more common among local jail inmates than the general population. The U.S. Department of Justice (DOJ) found that the local jail population has a higher prevalence of chronic health conditions than the general population.

- County jails are paying to fill this gap for individuals who are awaiting trial and local taxpayers are paying for it. The full cost is shifted to local taxpayers, rather than the traditional federal-state-local government partnership for safety-net services.

- Individuals who can afford to “bail out” remain eligible for federal health care benefits. As written, the law does not differentiate between inmates that are being held prior to conviction and those that have been convicted and are serving a sentence.

- If you can afford to go home, you keep your health benefits. If not, you lose them. This means that an innocent individual who is held in jail due to their inability to pay will likely face a gap in health care coverage upon release until they are able to reenroll in their federal health benefits.

KEY MESSAGES FOR ADVOCACY

- Having access to federal health benefits while awaiting trial and presumed innocent aligns with an individual’s constitutional rights.

- Having access to federal health benefits for non-convicted individuals would allow for improved coordination of care, while simultaneously decreasing short-term costs to local taxpayers and long-term costs to the federal government.

- Providing access to federal health benefits for those awaiting trial and verdict decisions would help counties break the cycle of recidivism caused or exacerbated by untreated mental illness and/or substance use disorders, thereby improving public safety.