

coalition for
women prisoners

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MEMORANDUM IN SUPPORT OF S.5875/A.8356

The Coalition for Women Prisoners urges the New York State Legislature to pass **S.5875/A.8356** which would require New York to suspend Medicaid for individuals who enter prison or jail with prior Medicaid enrollment.

New York State currently terminates Medicaid for individuals when they enter prison or jail. Under S.5875/A.8356, incarcerated individuals with suspended Medicaid would have their coverage automatically restored once they returned to the community. S.5875/A.8356 was introduced at the request of New York City Mayor Michael Bloomberg and is sponsored by Senator Kemp Hannon (Republican-Garden City), Chair of the Health Committee, and Assemblymember Keith Wright (Democrat-Harlem), Chair of the Social Services Committee, and is co-sponsored by Assemblymember Jeffrion Aubry (Democrat-Queens), Chair of the Corrections Committee.

Coordinated by the Women in Prison Project of the Correctional Association of New York, the Coalition for Women Prisoners is a statewide alliance consisting of more than 1,000 individuals from over 100 organizations. Members include formerly incarcerated women and men, social service providers, academics, attorneys, city and state agency staff, women's and human rights organizations, faith and community leaders, and individuals committed to making the criminal justice system more responsive to the needs and rights of women and their children.

Because they are not allowed to file Medicaid applications on their own behalf, inmates in state correctional facilities must wait until they are released to begin the application process – which can take 45 to 90 days. Although New York City's jail system has recently begun to file Medicaid applications for inmates, individuals leaving the city's jails still must often wait for a period of time after release to receive their coverage.

Incarcerated individuals have disproportionate rates of serious and chronic illnesses, including HIV, Hepatitis C, high blood pressure, diabetes, and asthma. The serious health problems people face during incarceration persist when they leave prison and jail. As a result of New York's current termination policy, although many individuals leaving prison and jail are otherwise Medicaid-eligible, most do not have access to Medicaid – and therefore little or no access to critical health care – for months after their release. Without immediate access to Medicaid, formerly incarcerated women and men are more likely to experience a deterioration in their health and to seek emergency medical services, which carries a hefty price tag for taxpayers.

The need for access to health insurance is particularly urgent for women in prison, who suffer from illnesses at significantly higher rates than both men in prison and individuals in the general public: for example, more than 14% of women in state prison are HIV positive, a rate more than double that for male inmates and almost 100 times higher than the rate in the

general public;¹ 23% of women in prison have Hepatitis C, nearly double that for male inmates and about 14 times higher than the rate in the general public.² Women also have specific medical needs related to their reproductive and gynecological health.

The Association of State Correctional Administrators (ASCA) – a national organization representing the Directors of Corrections in each state in the U.S. – has expressed support for immediate Medicaid coverage for people leaving prison and jail. A recent ASCA letter to the Medicaid Commission of the U.S. Department of Health and Human Services stated: “[C]orrections agencies spend nearly six billion dollars per year on health care for people who are incarcerated. That investment may be wasted, and additional costs incurred by community health systems, if people lose access to services needed to stay in recovery upon release.”³

S.5875/A.8356 also has the strong support of the New York State Association of Counties (NYSAC), a bi-partisan municipal association representing the state’s 62 counties.⁴ Similarly, the Centers for Medicare and Medicaid Services, the National Medicaid Commission, and the National Commission on Correctional Health Care all recommend the suspension of Medicaid benefits for incarcerated individuals.

New York’s practice of terminating Medicaid for people entering prison is not only bad public health policy, it may also violate federal regulations. In 2001, then-Secretary of the U.S. Department of Health and Human Services Tommy Thompson urged that states “ensure that incarcerated individuals are returned to the Medicaid eligibility rolls immediately upon release....”⁵

A suspension policy would make the Medicaid administrative process considerably more expeditious and efficient, and would allow formerly incarcerated people to receive the critical health services they need. By removing one of the many barriers to re-entry faced by people released from prison or jail, a suspension policy would also enhance formerly incarcerated individuals’ ability to make a successful, crime-free return to their communities. A recent American Journal of Public Health study confirmed that access to post-release health insurance is “associated with lower re-arrest and drug use.”⁶

A new administration in Albany brings a unique opportunity to change New York’s Medicaid termination policy. Enacting S.5875/A.8356 would promote public health, save the state significant funds on emergency care, help reduce recidivism and bring New York into compliance with federal regulations. It would also be an important first step toward ensuring that all people who leave prison receive timely access to critical health care services.

¹ Laura M. Maruschak, *HIV in Prisons, 2004*, Bureau of Justice Statistics, U.S. Department of Justice (November 2006).

² L. Smith, L. Wang, L. Wright, K. Sabin, D. Glebatis, P. Smith, *Hepatitis C Virus (HCV) Seroprevalence Among Incoming Inmates in New York State (NYS) 2000-2001*, Presented at the Infectious Disease Society of America Meeting 10/24-27/02, Chicago, IL (Poster #793).

³ ASCA Letter to the Medicaid Commission of the U.S. Department of Health and Human Services, July 7, 2006.

⁴ NYSAC Memorandum of Support for S.5875/A.8356, May 30, 2007.

⁵ Letter from then-U.S. Secretary of Health and Human Services Tommy G. Thompson in response to letter from Congressman Charles L. Rangel, October 1, 2001.

⁶ Nicholas Freudenberg, DrPH, Jessie Daniels, PhD, Martha Crum, MS, Tiffany Perkins, PhD, and Beth E. Richie, PhD, *Coming Home From Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families*, American Journal of Public Health, Vol. 95, No. 10, October 2005.