



Senate Public Health & Welfare Committee

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Presented by:

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Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of 15 local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We urge you to adopt the amendment to SB 195 and to move this bill forward to the full Senate.

According to the National Conference of State Legislatures, at least 35 states currently suspend rather than terminate Medicaid coverage for those incarcerated. This policy approach yields administrative savings related to the reapplication and eligibility determination process, which can take 45 to 90 days. It also allows for maintenance of treatment, contributing to better health outcomes and more successful offender re-entry. Health needs of prisoners may include chronic conditions such as asthma, diabetes, cardiac or mental health conditions. They may receive treatment while in jail or prison that stabilizes such a condition, but then be released without coverage and access to health care. A lapse in treatment, especially for serious health conditions, may result in negative health consequences for individuals and more in costs to the state for uncompensated care.¹

The issue of suspending as opposed to terminating Medicaid benefits has been a longstanding issue of concern to our members and has likewise been a concern for county governments, law enforcement, and behavioral health providers. Discussion on this issue has been undertaken over the years by the Justice Involved Youth & Adults Subcommittee of the Governor's Behavioral Health Services Planning Council.

While the work of the Subcommittee has focused on continuity of care for Medicaid beneficiaries leaving jail or prison, we are equally concerned across the board for all beneficiaries leaving institutional settings where the opportunity to terminate benefits exists. This includes our state mental health hospitals and Nursing Facilities for Mental Health.

The issue of enacting a state policy related to suspension of Medicaid benefits is fundamentally about ensuring the continuity of care for individuals with chronic conditions such as mental illnesses.

According to Families USA², states have two options when someone is incarcerated:

- **Terminating the individual's Medicaid:** In states that terminate someone's Medicaid eligibility, he or she must re-apply and re-enroll upon release from jail or prison. In addition to making it harder for the individual to obtain needed health care, termination creates an administrative burden, requiring the state to process a new application and check the person's eligibility again.
- **Temporarily suspending the individual's Medicaid:** In states that suspend Medicaid eligibility, coverage can be reinstated more quickly. States can either suspend Medicaid for the duration of an individual's incarceration or suspend it for a specific length of time (such as 30 days). Time-limited suspension is helpful for people with short periods of incarceration, but it requires those with longer stays to re-apply for Medicaid upon release.

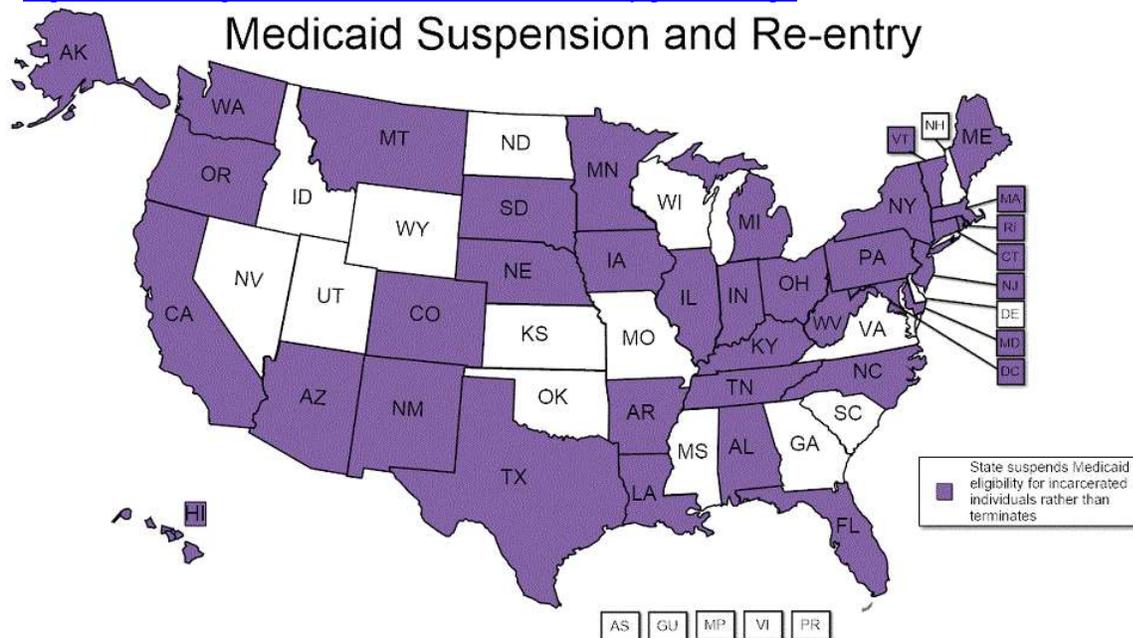
Termination of coverage can often lead to gaps or lapses in health care coverage. Suspension of Medicaid gives those re-entering their community a more seamless path to coverage. Not only is this easier on the individual, but it is also a much more efficient process for the state Medicaid agency. Plus, if the state suspends Medicaid, its Medicaid agency can reimburse jails and prisons for inpatient hospital services that people receive during their incarceration.

- Evidence shows that access to health care can prevent individuals from cycling in and out of the prison system.³ This leads to savings for both state and local jails and prisons, especially because the vast majority of individuals spending time in a correctional facility are arrested again.⁴
- Suspending eligibility allows states to obtain federal Medicaid funding for inpatient services for individuals who are currently incarcerated. This allows states to save on costs of care for by tapping into federal dollars. If someone is newly eligible for Medicaid, the state will receive an enhanced federal match for his or her coverage.
- Suspending Medicaid creates less administrative work for the state because the Medicaid agency will not have to process new applications. Instead, the state will only restart an individual's existing coverage.
- When people involved in the criminal justice system have health coverage and can obtain care, they are more likely to experience a seamless re-entry,⁵ be more equipped to hold stable jobs, and be productive members of society.⁶
- Connecting people to coverage reduces uncompensated care. When people have health coverage, they are less likely to have costly visits to the emergency room and more likely to receive preventive services.

We believe that arguments captured here for offenders apply equally to those in the other institutional settings previously referenced. We are urging adoption of the amended bill as a comprehensive solution to an issue that has plagued individual Kansans, state agencies, local government and providers for many years. There is string consensus that now is the time to address this issue.

Thank you for the Committee's consideration.

¹ <http://www.ncsl.org/research/health/medicaid-and-re-entry-postcard.aspx>



Sources: Council of State Governments, Families USA, National Association of Counties and National Conference of State Legislatures

² <http://familiesusa.org/product/medicaid-suspension-policies-incarcerated-people-50-state-map>

³ Recidivism and the Availability of Health Care Organizations (see <http://www.tandfonline.com/doi/abs/10.1080/07418825.2012.696126>)

⁴ Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010 (See <https://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>)

⁵ Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration (See <https://www.urban.org/sites/default/files/publication/31491/411617-Health-and-Prisoner-Reentry.PDF>)

⁶ Ex-Felons Are About to Get Health Coverage (See <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2013/04/05/exfelons-are-about-to-get-health-coverage>)