

Testimony of the Maine Municipal Association

In Support For

*LD 1204 -An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program for Incarcerated Persons*

April 12, 2023

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Sen. Baldacci, Rep. Meyer and distinguished members of the Health and Human Services Committee, my name is Rebecca Graham, and I am providing testimony in support of LD 1204 on behalf of Maine Municipal Association which represents the interests of municipal government before the state and federal government. The positions of the Association are formed at the direction of our 70-member Legislative Policy Committee, (LPC) who are elected by the selectboards and council of the municipalities in each of the 35 Senate districts in Maine.

LD 1204 makes explicit the intent of PL 2019, c. 492, §2, which was enacted with the assistance of this committee and Speaker Talbot-Ross in 2019 who sponsored the bill (LD 761) which formed a platform initiative of Maine Municipal Association in the 129th. Attached you will find my testimony and its intent at that time.

Municipal property tax assessment funds the overwhelming majority of county jail operations and increasingly this population has complex medical needs and no predictable way of managing those costs. Additionally, mandates for a variety of treatment required for incarcerated persons has not been met with the corresponding state appropriation for the task. This has led to consistent increases in county tax assessment paid by municipalities through the property tax that by construction cannot provide uniform medical access in all counties.

Without available community resources for diversion, expansion of drug courts or even rehabilitation centers for alternate sentencing paths that could provide targeted substance use treatment to address them, counties and municipalities are powerless to stop this revolving door. This bill simply affirms the intent of this 2019 MMA initiative to protect those pre-adjudicated individuals from losing their much needed health insurance and support continued substance use disorder care and possibly stop the revolving door.

Additionally, it makes explicit that the Department must provide this service to county jails as well as the state prison system for transitional services and guarantee individuals released from a county facility have the necessary presumptive eligibility for nutritional and supplemental supports on the day of release. These pieces, coupled with the ability to continue any substance use disorder treatment in the community because they will remain insured, are key pieces to avoiding return to the facility.

This program will also shift the cost burden to the more appropriate revenue stream and level the treatment options in all facilities. Officials ask that you honor the original intent of the 2019 initiative and make this program explicit for county facilities and incarcerated persons.



# Maine Municipal Association

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Testimony of the Maine Municipal Association  
In Support of  
LD 761, *An Act To Clarify and Affirm Medicaid Eligibility for Incarcerated Individuals*

March 20, 2019

Senator Gratwick, Representative Hymanson and esteemed members of the Health and Human Services Committee, my name is Rebecca Graham, and I am testifying in support of LD 761, *An Act To Clarify and Affirm Medicaid Eligibility for Incarcerated Individuals*, on behalf of the Maine Municipal Association and at the direction of our 70-member Legislative Policy Committee who would like to thank Representative Talbot Ross for sponsoring this bill on their behalf.

Municipal officials recognize the financial benefit of maintaining health coverage for an individual while incarcerated as a method of reducing recidivism. Health care coverage often targets the root cause of incarceration in many instances such as substance use disorder<sup>1</sup> and access to adequate mental health services.<sup>2</sup> People in jail experience higher rates of chronic and acute physical health conditions compared to the general population<sup>3</sup> and most have no health coverage.

Medicaid expansion provides an opportunity to shift those costs supported by primarily state and local programs to federal funds reducing costs at the local level. LD 761 is simply asking the Department of Health and Human Services (DHHS) to maximize the allowable benefit for incarcerated recipients under the Affordable Care Act (ACA) and to create a process that makes it easier for the restricted population to both apply for coverage and appeal decisions regarding their coverage.

The costs of recidivism associated with untreated mental health and substance use disorders are borne by local governments and society as a whole.<sup>4</sup> Nothing under federal law

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<sup>1</sup> D. J. James and L.E. Glaze. "Mental Health Problems of Prison and Jail Inmates." Bureau of Justice Statistics Special Report (NCJ 213600). US Department of Justice, 2006.

<sup>2</sup> National Center on Addiction and Substance Abuse at Columbia University (2010). "Behind Bars II: Substance Abuse and America's Prison Population." Available at <http://www.casacolumbia.org/addiction-research/reports/substance-abuse-prison-system-2010>.

<sup>3</sup> I.A. Binswanger, P.M. Krueger, and J.F. Steiner. "Prevalence of Chronic Medical Conditions among Jail and Prison Inmates in the USA Compared with the General Population." *Journal of Epidemiology and Community Health* 63, 11 (2009): 912-919.

<sup>4</sup> B.M. Veysey. The Intersection of Public Health and Public Safety in U.S. jails: Implications and Opportunities of Federal Health Care Reform. *Community Oriented Correctional*

requires the termination of Medicare benefits upon incarceration. Coverage is limited to care received by the individual when hospitalized outside the correctional facility for more than 24 hours. Additionally, county jails hold a number of individuals who have not been adjudicated of a crime. Currently, both federal and state policy does not distinguish between a convicted individual or a detained individual awaiting trial. While the department has testified in the past that it simply suspends coverage for disabled individuals, it has terminated coverage for individuals who have MaineCare for reasons other than disability.

Municipal officials would like the department to change termination policy to help support the enormous cost for health care through the use of allowable federal funds. County jails currently spend an estimated \$1 million on combined hospital and dental care, the majority of which is care for individuals with long term health needs. This approach is not unprecedented. Utah has created a targeted adult program with a 1115 waiver specific to justice involved individuals with a substance use disorder, and complying with a treatment program while incarcerated. County jails are filled with people who would be better served by treatment than incarceration.

Additionally, municipal officials support activities that provide support and guidance for enrollment for justice involved individuals recognizing this group cannot access the traditional methods of communication easily and often require extra support to understand their responsibilities within the enrollment process. Timely enrollment and access to services after release have the potential to greatly improve the outlook for these vulnerable individuals, reduces reliance on emergency departments and other costly acute care settings ultimately funded by the local property taxpayer<sup>5</sup>.

Connecticut is using a shortened application for inmates with identified medical or behavioral health needs to expedite the process of determining eligibility to make certain they have care on release. Recognizing that identity verification is also part of the enrollment process, Rhode Island has agreed to allow a 30 day ID issued by their Department of Corrections as a valid ID for enrollment purposes and the release letter as valid proof of income for enrollment.

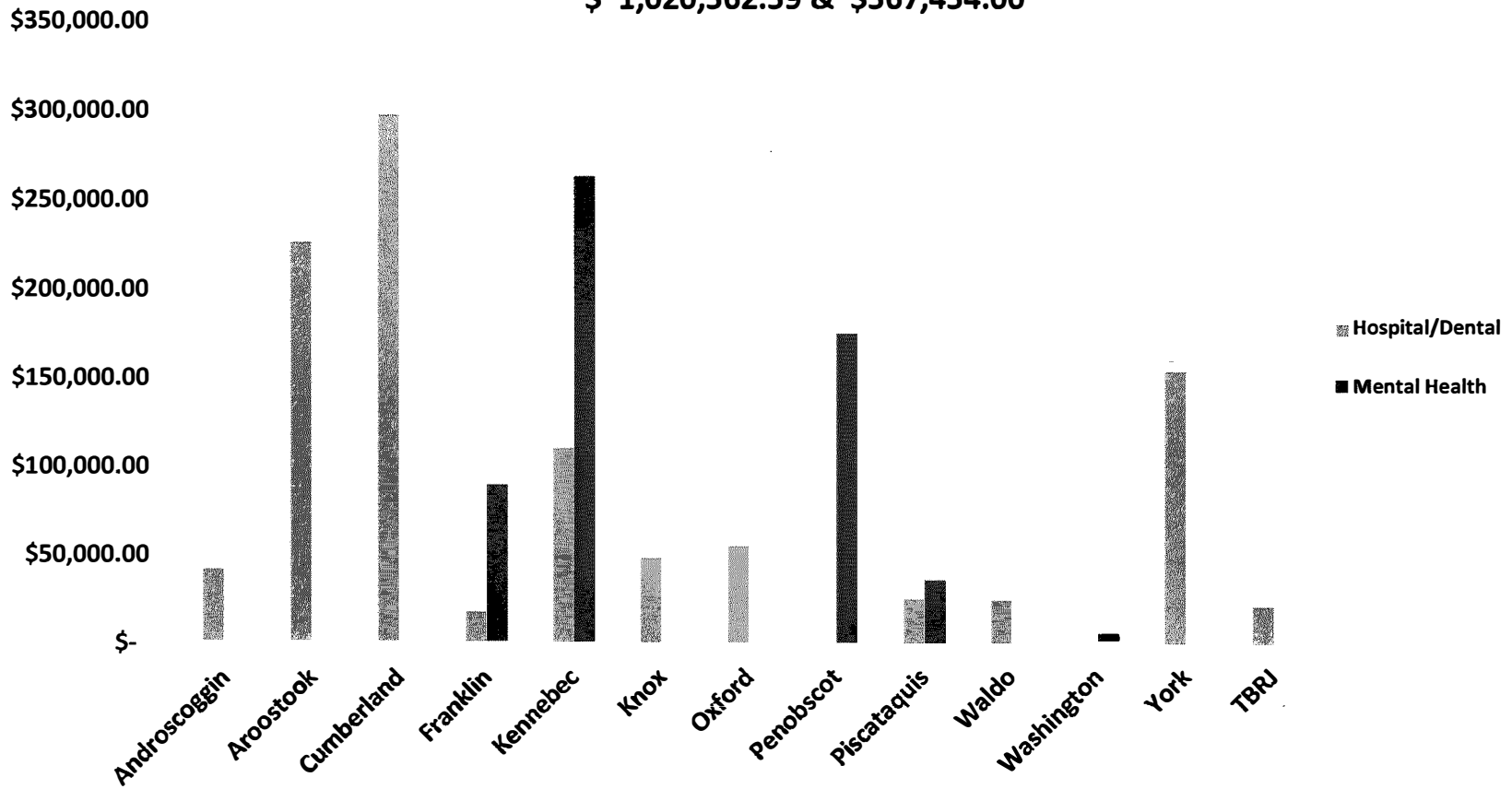
For this reason, municipal officials would like to see the department develop or support enrollment outreach programs with county officials targeting incarcerated individuals particularly as part of the discharge process and urge you to pass LD 761.

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Health Services. January 2011. Available at <http://www.cochs.org/files/Rutgers%20Final.pdf>

<sup>5</sup> E.A. Wang, M.C. White, R. Jamison, J. Goldenson, M. Estes and J.P. Tulsky. "Discharge Planning and Continuity of Health Care: Findings from the San Francisco County Jail." *American Journal of Public Health*, 98, no.12 (2008):2182-4.

**Estimated Annual Totals  
Hospital & Mental Health Costs By County  
\$ 1,020,562.59 & \$567,454.00**



Source Kennebec County Commissioner Robert Devlin. Lincoln Waldo & Sagadahoc combined in Two Bridges Jail.  
Somerset, Washington and Penobscot did not have available hospital Data