



Erik N. Steele, DO, President | Paul R. Cain, MD, President-Elect | R. Scott Hanson, MD, MPH, Chair, Board of Directors
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

• **SUPPORT** Maine Physicians • **ADVANCE** the quality of medicine in Maine • **PROMOTE** the health all Maine people

TO: Joint Committee on Health and Human Services
FROM: Mikenzie Dwyer, Public Health & Government Affairs Associate
DATE: April 12, 2023

SUPPORT – [LD 1204](#), An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program for Incarcerated Persons

Senator Baldacci, Representative Meyer and the distinguished members of the Health and Human Services Committee. My name is Mikenzie Dwyer, I am the Public Health and Government Affairs Associate with the Maine Medical Association and I live in Windham. The MMA's core priorities include promoting the health of all Maine people, which is why we appreciate the opportunity to submit the following comments in support of LD 1204's proposed amendment to direct the DHHS to apply for a Medicaid Section 1115 waiver to provide MaineCare to recently released incarcerated individuals.

The Maine Medical Association is Maine's largest professional association representing over 4,300 current and future physicians from all specialties in all practice settings.

Mainers who reenter the community have significant physical and behavioral health needs and are at higher risk of injury and death, particularly in the days and weeks directly following their release. Providing services prior to release ensures individuals have access to the care they need to treat and rehabilitate as they reenter the community.

[Many states](#) have submitted Section 1115 demonstration requests to provide State Medicaid services to justice-involved individuals: Arizona, California, Kentucky, Massachusetts, Montana, New Jersey, Oregon, Utah, Vermont, and Washington. The requests all focus on reentry into the community and improving health outcomes.

[Nearly two-thirds \(64%\) of individuals in jail and more than half \(54%\)](#) if individuals in state prisons report a mental health concern. Recently released individuals have a risk of death 12.7 times higher than that of other residents. Incarceration is definitively linked to poor health, and upon release, individuals have trouble in maintaining good health.

States spent \$8.1 billion on prison health care in the fiscal year of 2015, according the [Pew](#)

The Maine Medical Association is a statewide volunteer organization formed in 1853, serving more than 4,300 current and future Maine physicians in all clinical specialties, organizations, and practice settings.

[Research](#). There have been incredible advancements in the quality of health care provided to those incarcerated, but correctional facilities are increasingly becoming a setting in which individuals with serious health conditions are diagnosed. For many of those individuals receiving care while incarcerated, there lies a gap in coverage upon release for necessary continued treatment and ultimately a higher chance of not receiving the health care they need. States lose that \$8.1 billion investment on these individuals health by not ensuring access to care upon release.

In 2020, Kentucky's Medicaid 1115 waiver was approved to provide SUD treatment services for individuals while they were incarcerated. The Kentucky Legislature acknowledged in budget legislation that the inability of inmates to access Medicaid-covered SUD services while incarcerated and after their release leads to high recidivism rates and jail and prison overcrowding. The United States has the largest incarcerated population and one of the [highest recidivism rates](#) in the world.

Supporting the health outcomes of our incarcerated Mainers is a worthwhile public health investment to lower the costs of healthcare overall by reducing the number of emergency visits and lowering the costs of health provided in prisons by addressing the social determinants of recidivism. The Maine Medical Association thanks the committee for all your efforts on these important issues and for considering our comments in support of LD 1204. We are happy to provide additional information or answer any questions.

Sincerely,
Mikenzie Dwyer
(mdwyer@mainemed.com)

The [Maine Medical Association](#) is a statewide volunteer organization formed in 1853, serving more than 4,300 current and future Maine physicians in all clinical specialties, organizations, and practice settings.