

Maine PRISONER ADVOCACY Coalition



April 12, 2023

Senator Baldacci, Representative Meyer and honorable members of the health and human services committee,

My name is Jan Collins, I am assistant director of Maine Prisoner Advocacy Coalition (MPAC) and I am a member of the Franklin County Jail Board of Visitors. I am here to support LD 1204 An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program for Incarcerated Persons

I am sure that you have heard from many individuals testifying that jails have become default mental health and substance use disorder centers, never by choice, and always as a result of the lack of community resources to meet these public health crises.

Jail administrators have also talked about how they do not have the resources to treat these individuals. In fact many individuals will get much worse while incarcerated. Nationally, suicide was the single leading cause of death for people in jails, accounting for almost 30% of deaths. Someone in jail is more than three times as likely to die from suicide as someone in the general U.S. population. Last year in Maine we had record numbers of individuals die from suicide and overdose while incarcerated. The toll of individuals who died soon after release is many times higher.

Currently a federal medicaid exclusion clause limits coverage of incarcerated individuals to inpatient facility care. That means that all medical costs are paid for by the jails and county taxpayers at a time when more and more high need individuals are finding themselves incarcerated.

Simultaneously, the state limits increases in county jail budgets to 4%.

It is easy to see why counties are struggling.

The lack of medicare coverage is a public health crisis. As an example, individuals in jails and prisons have high rates of hepatitis, if it is not treated while the person is in custody, we will likely see more spread in the community.

Because of lack of insurance coverage and adequate health care in jails, conditions that would be easily treated in early stages, like cancer, often go undetected or untreated, leading to higher personal and societal costs later.

A medicaid waver would save lives and save money.

Please give your full support to LD 1204 An Act to Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program for Incarcerated Persons

Sincerely,
Jan M. Collins

However, federal and state law and policy limit the Medicaid-covered services that an individual can receive while incarcerated. *See* MaineCare Benefits Manual: 10-144 C.M.R. ch. 101, Chapter I, Section 1.04(B) (“For inmates involuntarily confined in a public institution, state or federal prison, jail, detention facility or other penal facility, who are MaineCare members, MaineCare will pay only for covered inpatient medical institution services provided to the inmate while an inpatient in a hospital, nursing home, ICF/IID Intermediate Care Facility for Individuals with Intellectual Disability or juvenile psychiatric facility. MaineCare will not pay for any other services.”); *see also* 22 M.R.S. § 3174. Other medical services for incarcerated individuals are provided by the institutions in which they are held; for example, by the Department of Corrections for persons in state facilities.

Bureau of Justice Statistics - New BJS report reveals staggering number of preventable deaths in local jails

<https://www.prisonpolicy.org/blog/2020/02/13/jaildeaths/>