Testimony of Maine Public Health Association In Support of:
LD 663: An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine's Incarcerated Population

Joint Standing Criminal Justice and Public Safety
State House, Room 436
Wednesday, April 21, 2021

Good morning Senator Deschambault, Representative Warren, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 663: "An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine's Incarcerated Population."

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities and we take that responsibility seriously.

This bill requires the establishment and maintenance of a substance use disorder treatment program in Maine's correctional facilities, including screening and assessment, medically managed withdrawal, use of medication-assisted treatment options that are approved by the U.S. Food and Drug Administration, and coordination of recovery support services in reentry planning and upon release. The bill also requires initial and ongoing training to correctional staff and health care providers and the tracking of data and outcomes.

Jails are constitutionally required to provide health care to those in their custody, a principle established by a 1976 Supreme Court decision that found that deliberate indifference to the serious medical needs of incarcerated people violates the Eighth Amendment, which prohibits cruel and unusual punishment.[1] But providing care to the jailed population is a challenge: People with jail stays are more likely than the general population to have diabetes, infectious diseases such as HIV/AIDS and tuberculosis, mental illnesses, and substance use disorders.[2] For many individuals, the services provided in jail are the first care they have received in quite some time.[3] Given this constellation of factors, jails across the U.S. have inadvertently become providers of health care for inmates.[4]

Thus, we are supportive of efforts that reduce barriers to health care for inmates and improve the delivery and provision of health care services, including treatment for substance use disorder; as well as efforts that improve support to jail staff, particularly given the challenges noted above. We also support increasing linkages to community-based treatment and support resources up release from jail. We believe investing in these collective strategies – during incarceration and after release – improve public health, health care, health equity, and health

outcomes for incarcerated persons and positively contribute to their physical, mental, emotional, and economic wellbeing after release.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations. We believe this bill has potential to improve public health, and we are in support. We respectfully request you vote LD 663 "Ought to Pass." Thank you for your consideration.

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[1]Anno BJ. 2001. Correctional health care: Guidelines for the management of an adequate delivery system. Washington: National Institute of Corrections, U.S. Department of Justice. http://static.nicic.gov/Library/017521.pdf.
[2]Marks JS & Turner N. 2014. The critical link between health care and jails. *Health Affairs*;33(3): 443–447.
[3]Interviews with people in a Massachusetts jail revealed that a third of them had not seen a primary care physician in the past year, mainly because of cost. Conklin TJ, Lincoln T & Tuthill RW. 2000. Self-reported health and prior health behaviors of newly admitted correctional inmates. *American Journal of Public Health;*90(12): 1939–1941.
[4]Huh K, Boucher A, McGaffey F, McKillop M, Schiff M. Jails: Inadvertent health care providers – How county correctional facilities are playing a role in the safety net. The Pew Charitable Trusts. Jan 2018.