



**Testimony of Maine Public Health Association Neither For Nor Against:
LD 1009: Resolve, To Create a Health Care Ombudsman Position To Serve in Maine's County Jail**

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Wednesday, April 7, 2021

Good afternoon Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today providing testimony Neither For Nor Against LD 1009: "Resolve, To Create a Health Care Ombudsman Position To Serve in Maine's County Jail."

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 resolve directs the Department of Health and Human Services to designate an intensive case manager working in the county jails to serve as a health care ombudsman to oversee county jail inmates with medical and mental health care needs and connect them to the health care services for which they qualify. The health care ombudsman also assists county jail inmates in receiving the medications they need in a timely fashion.

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; 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 upon 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. Thank you for your consideration.

¹Anno 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>.

²Marks JS & Turner N. 2014. The critical link between health care and jails. *Health Affairs*;33(3): 443–447.

³Interviews 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.

⁴Huh 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.