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Bangor

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To the members of the Committee and Health and Human Services:

I am writing in support of LD 1009, "To Create a Health Care Ombudsperson Position To Serve in Maine's County Jails."

It is very clear to anyone who has been in touch with those incarcerated in county/regional jails that there are many whose health care needs—both medical and mental health—are not always met adequately or even at all.

However, my fear is that one person for all the jails will be totally inadequate to the task. But, having at least one will be a start. I am including a Maine Beacon article (link below) describing a letter sent by twenty-three people who were in the Penobscot County jail describing some of the problem conditions they faced. Not all of the issues they expressed were health care related, but some were.

<https://mainebeacon.com/on-the-inside-letter-from-penobscot-county-jail-inmates-details-harsh-conditions-in-facility/>

There are several issues that the legislation does not address but I think need to be clarified. One primary one is jurisdiction and powers of implementation.

Including an ombudsperson, there are at least four "players" in this situation: (1) The person incarcerated who has some kind of medical/health issue and wants to obtain aid for that; (2) the sheriff; (3) the medical care contractor/provider (and the contractor and provider might be different); and (4) the ombudsperson. There might also be a fifth/sixth, the DOC, with any policies it is passing on to the jails, based on any state laws.

In terms of the ombudsperson, what powers, if any, does the person have to insure adequate health care for those locked up? They may have powers of persuasion on behalf of those inside, but what else? If sheriffs say they have a "right" to deny certain medications or forms of treatment to a person, and an ombudsperson supports the person locked up, who wants and believes they have a right to that medication or treatment, how is that resolved?

When a sheriff refers the ombudsperson to a medical/mental health care provider ("talk to them, don't talk to me"), what rights does an ombudsperson have to require a medical care provider/contractor to provide certain medical/mental health medications or treatment? Essentially, when a person in the jail needs some kind of health and is not getting it, what power does the person in the jail and the ombudsperson, if they agree and maybe even if they do not agree, have to get the healthcare they want and need?

Will an ombudsperson be able to get a person out of the jail when they need treatment or health care somewhere else, and there is some place for that person to go (home, or hospital, or some other facility)?

Does the ombudsperson have any say on public health issues in the jail, in addition to individual problems. One comment made in the article noted above was about the lack of cleanliness in the jail (caked food on food plates) that might have impacted the health of multiple people in the jail. The need for vaccinations and testing for Covid-19 is another example.

I support the right to health care for all individuals, including those who are locked up. Punishment that includes being locked up should not include a denial of the right to health care. I also support the right of the ombudsperson to have the power to require an incarcerated person have access to the health care they need.

Please consider these questions, and I urge you to support LD 1009 to fund one or more ombudspersons.

One other request: I hope you will change the title and language of the bill, replacing the term "ombudsman" with "ombudsperson" or some other gender neutral term. The state has mostly removed gender-specific terms from its statutes and legislation, but this term is one that has not been replaced, even though it can be done easily. The internet defines "ombudsperson" as "a person acting as an ombudsman," so the terms are identical in meaning.

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