

## Substance Use and Health Care Amendments

### HB38 Includes:

- A waiver request to allow incarcerated people to access Medicaid up to 30 days before release
  - o New York has a similar request pending. Thanks to the Support Act from Congress, this kind of waiver is newly available and almost guaranteed to be approved by CMS.
- A telehealth pilot program for behavioral health in at least one county jail
- Creates a refundable tax credit for some practitioners providing treatment in correctional facilities

### Facts:

- 2.3 million people are in prisons and jails<sup>i</sup>
  - o The majority are Black or Latino, and historically, are disproportionately low-income and uninsured<sup>ii, iii</sup>
  - o In Utah, ~14,000 individuals are incarcerated (6,500 in state prisons, 5,700 in local jails, 1,300 in federal prisons, 450 youth, 100 involuntary commitment)<sup>iv</sup>
- The rate of mental illness is two to four times that of the general population<sup>v</sup>
  - o Jails and prisons house 10 times more people with a serious mental illness than state mental hospitals<sup>vi</sup>
  - o This population has higher rates of substance use disorders, communicable diseases, and chronic conditions<sup>vii</sup>
  - o Two out of three incarcerated people have a substance use disorder<sup>viii</sup>
- Upon release, many are left without health care coverage and are vulnerable to recidivism and even death – which impacts a state budget in multiple ways<sup>x</sup>
- Utah currently suspends Medicaid benefits while incarcerated (as of November 2019). This allows people to sign up before release, but does not allow actual access to Medicaid benefits, which leads to gaps in treatment.
- Health coverage is a critical piece of the puzzle, but alone, it is inadequate to address the complex health and social needs of people who cycle between costly hospital and jail stays
  - o This population confronts barriers to securing housing, employment, food, and other social supports that can affect health<sup>x</sup>

### Bottom Line:

There is a real need for access to treatment for incarcerated and recently released people with behavioral health concerns.

Simply signing people up for Medicaid before discharge is not enough, in order to address behavioral and physical health needs and reduce recidivism—need to begin treatment and establish some continuity of care in the last few weeks of incarceration.

Allowing access to Medicaid before release, along with increased treatment in jails and prisons through the telehealth and tax credit program will improve the health of Utahns with behavioral health needs, and will positively benefit the state as a whole.

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<sup>i</sup> Wendy Sawyer and Peter Wagner, *Mass Incarceration: The Whole Pie 2019*, (North Hampton, MA: Prison Policy Initiative, March 2019), <https://www.prisonpolicy.org/reports/pie2019.html>

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- ii “Criminal Justice Facts,” The Sentencing Project, <https://www.sentencingproject.org/criminal-justice-facts/>
- iii Michelle M. Doty, Munira Z. Gunja, Sara R. Collins, and Sophie Beutel, *Latinos and Blacks Have Made Major Gains Under the Affordable Care Act, But Inequalities Remain*, (New York, NY: The Commonwealth Foundation, August 2016), <https://www.commonwealthfund.org/blog/2016/latinos-and-blacks-have-made-major-gains-under-affordable-care-act-inequalities-remain>
- iv “How Many Utah Residents Are Locked Up and Where?,” Prison Policy Initiative <https://www.prisonpolicy.org/profiles/UT.html>
- v Tala Al-Rousan, Linda Rubestein, Bruce Sieleni, Harbans Deol, and Robert B. Wallace, “Inside the Nation’s Largest Mental Health Institution: a Prevalence Study in a State Prison System,” *BMC Public Health* 17, no. 342, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5397789/>
- vi Tala Al-Rousan, Linda Rubestein, Bruce Sieleni, Harbans Deol, and Robert B. Wallace, “Inside the Nation’s Largest Mental Health Institution: a Prevalence Study in a State Prison System,” *BMC Public Health* 17, no. 342, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5397789/>
- vii Robert T. Trotter II et al., “Health Disparities and Converging Epidemics in Jail Populations: Protocol for a Mixed-Methods Study,” *JMIR Research Protocols* 7(10): e10337, October 2018 , <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231773/>
- viii National Center on Addiction and Substance Abuse, *Behind Bars II: Substance Abuse and America’s Prison Population*, Feb. 2010.
- ix Mark Jones, Gregory D. Kearney, Xiaohui Xu, Tammy Norwood, and Scott K Proescholdbell, “Mortality Rates and Case of Death Among Former Prison Inmates in North Carolina,” *North Carolina Medical Journal*, 78, no.4, August 2017, <http://www.ncmedicaljournal.com/content/78/4/223.full>
- x <https://www.apa.org/pi/ses/resources/indicator/2018/03/prisons-to-communities>