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Health Insurance for Individuals Leaving Incarceration

SUMMARY: Since the Affordable Care Act (ACA) was enacted in March 2010, health insurance coverage in Milwaukee has been extended to an increased number of residents. Unfortunately, while coverage has been broadly distributed, access to coverage by certain populations remains inadequate. One population which currently experiences poor access is individuals who are leaving incarceration. Currently these individuals are given information on how to apply for health insurance as they are released, but access outside of jail can be limited by a number of sociopolitical factors, including demographic characteristics and policies governing pathways to securing health insurance. We therefore propose: (1) inmates who qualify should receive BadgerCare enrollment assistance prior to their release, (2) insured convicts' coverage should be suspended instead of terminated upon incarceration, and (3) Milwaukee Health Department should provide targeted enrollment assistance for uninsured convicts after release.

Introduction

In 2015, 207,000 individuals were admitted to county jails in Wisconsin, and about 31,690 were admitted to Milwaukee County's two facilities: House of Corrections and the Milwaukee County Jail.¹ Though the House of Corrections itself lies outside the jurisdiction of the City of Milwaukee, both it and the Milwaukee County Jail admit many inmates from the City of Milwaukee. About two thirds of the inmates in Milwaukee County are black and about 85% are male.² With the average stay being 23.4 days, about 2,870 people in Milwaukee County, on average, are released from jails each month.³

Typically, health care (including chronic and mental illness treatments) is provided to prisoners.⁴ As individuals leave incarceration, however, they are often only given two weeks' worth of medication and instructed to seek care on their own.⁵ Unfortunately, several systemic barriers prevent access to health insurance for released inmates, and even civilians; 18% of people under 65 do not have health insurance in Milwaukee County.⁶ Individuals with severe mental illnesses who lack access to healthcare can find themselves in potentially lethal settings after being released from jail. Also, those with addictions who do not receive assistance have a greater chance

of recidivism.⁷ In summary, limited access to health insurance among individuals leaving incarceration is a major public health concern - lack of insurance can lead to escalating illness, repeat offense, and even death.

Barriers to Obtaining Health Insurance

Access to health insurance among individuals leaving incarceration is limited by both demographics and policies governing pathways to securing health insurance. Many incarcerated individuals have limited literacy and low educational attainment rates, which make navigating complex enrollment procedures difficult: 32% of male prisoners and 28% of female prisoners had not attained a High School Equivalency Diploma in Wisconsin in 2014.⁸ Furthermore, access to health insurance is complicated by racial inequities, as 26% of blacks in Wisconsin reported having no usual source of healthcare, compared to 17% of whites.⁹ A majority of the incarcerated population in Milwaukee County are black males: in 2009, 71.7% of pretrial inmate males were black.¹⁰ These factors, along with high rates of chronic and mental illnesses among the incarcerated population (79% of Wisconsin female prisoners reported mental illness

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in 2014, as did 34% of males¹¹), significantly impede this population's ability to receive health insurance.

Structural barriers, in the form of public policies, also impede access to health care. Although Wisconsin's implementation of BadgerCare Reform in response to the ACA has, to an extent, removed some barriers previously associated with obtaining health insurance (such as removal of enrollment caps for childless adults¹²) individuals just released or anticipating release from jail in Milwaukee County continue to face persistent challenges in securing health insurance. Three structural barriers are noteworthy:

- First, having a criminal history prevents many formerly incarcerated individuals from being able to enter the workforce, which in turn negatively affects their ability to obtain employment-based coverage.¹³ Without employment and stable income, individuals are less likely to be able to afford marketplace plans, which limits their options to BadgerCare.
- Second, even though these individuals may be eligible for health insurance, the lack of enrollment assistance and mechanisms to apply for insurance limit accessibility immediately upon release. This lack of assistance is especially burdensome for individuals with chronic and mental illnesses who are in need of continuous care upon release. Those who suffer from mental illness are in particular need of care, as life course transitions (such as from jail to society) are known stressors and potential triggers of illness episodes.¹⁴
- Third, the termination of prior health insurance while incarcerated necessitates a new application for benefits after release.¹⁵ This termination policy leads to additional wait times and leaves treatment gaps as uninsured individuals suffering from chronic and mental illnesses are impeded from treatment. Given that a wide range of outcomes such as ability to obtain rental housing, housing stability, employment, and successful reentry to the community are all predicated on chronic and mental illness recovery, this interruption of services may

lead to negative consequences in these outcomes, and could even result in death. Thus, breaking this cycle requires concerted policies that promote access to health insurance among individuals leaving incarceration immediately upon release.

Current Policies

County-by-county health rankings for 2015 showed that Milwaukee County has the second lowest overall health outcomes, ranking 71 out of 72 counties in Wisconsin.¹⁶ Under the current policy, the State of Wisconsin terminates incarcerated individuals on a pretrial basis whether or not they are convicted.¹⁷ Once released, individuals must reapply in order to obtain BadgerCare coverage. In addition, enrollment assistance programs are not universally designed to assist inmates with insurance applications prior to their release. While Milwaukee's House of Corrections does provide inmates with enrollment information and even follow-up appointments prior to release, the Milwaukee County Jail offers assistance to individuals only as they are departing.¹⁸ Assisting inmates with the health insurance application process prior to release affords them the opportunity to leave jail with health coverage. Those who do not apply until after release may experience a lull in coverage; lack of behavioral services and treatment for inmates with mental illnesses or substance use diagnoses is detrimental to reentry.¹⁹

Policy Options

As explained above, current insurance enrollment policies inadequately address the specific needs and conditions of individuals leaving incarceration. Therefore, we recommend the following three policy actions to improve access to health insurance for this population:

- I. ***Implement enrollment assistance programs that assist inmates with filling out appropriate applications prior to release.*** As noted above, the House of Corrections has implemented a pre-release enrollment program in which inmates apply for BadgerCare prior to their release date. This has led to coverage for 81% of inmates leaving the House of Corrections.

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Expanding this option to the Milwaukee County Jail will ensure that individuals leaving that location also have coverage from the day they are released. We encourage continued collaboration between Milwaukee Health Department and Milwaukee County Jail officials regarding this important recommendation.

II. *Replace insurance termination policies with suspension policies.* Termination policies negatively affect pretrial individuals because even if individuals are not convicted, their coverage can be terminated.¹⁹ Other states have employed a suspension approach wherein individuals do not need to reapply for health insurance once released and are able to continue to receive the coverage they had prior to incarceration.²⁰ While this option would need to be adopted on the state level, we call on Milwaukee Health Department officials to lobby for this change, due to the significant impact it will have on the city.

III. *Provide enrollment assistance and follow-up after release.* While this policy option necessarily includes an arduous follow-up process to find out who is uninsured and what assistance is needed, as well as potentially tracking down changes in address or other contact information, data from a similar program in Dane County provide promising results and make the effort worthwhile: 94% of inmates eligible for assistance were contacted, and at least 85% (340 of 402 eligible to enroll) now have health coverage.²⁰

The ACA has presented unprecedented opportunities to reduce disparities in health insurance coverage for individuals with incarceration histories, a majority of whom were previously uninsured. However, consideration of the demographic factors and policies governing access to health insurance for incarcerated populations, as well as implementation of programs that facilitate immediate coverage upon release are necessary. We suggest a policy shift which targets three phases of incarceration: the beginning (suspending rather than terminating health

insurance), pre-release (assisting in health insurance enrollment), and post-incarceration (enrollment assistance and follow-up). This shift would save both time and costs associated with reapplication, and guarantee immediate access upon release. All three of the options detailed above provide clear and practical policy changes. Though the exact number of released individuals lacking health insurance is inconclusive, access to health insurance is fundamental to receiving health services and successful reentry to the community. The priorities identified here should guide future improvements in promoting health outcomes among individuals leaving incarceration in Milwaukee County.

Endnotes

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