



California Pan-Ethnic Health Network

Repealing the Affordable Care Act: Impact on CA's Criminal Justice Reforms

President-elect Trump and Congressional leadership are preparing to repeal the Affordable Care Act (ACA), eliminating access to health care for millions of Californians. Prison and jail inmates experience a higher rate of chronic disease than the general population.ⁱ Additionally, over half of prison and jail inmates reported symptoms of a mental health problem.ⁱⁱ However, prior to the ACA approximately nine out of ten individuals who spent time in county jails were uninsured.ⁱⁱⁱ Despite their significant need for medical care, these individuals had limited to no access to treatment. The ACA was a turning point in health care for the justice-involved population. **Repealing the ACA would jeopardize our progress and threaten health care for millions!**

Over the last seven years, California has taken steps to stem the mass incarceration of people of color, following a 2009 US Supreme Court ruling that California's prison population must be reduced in order to ensure that inmates are provided with appropriate medical and mental health care. This is particularly important for communities of color, who are overrepresented in California's prison and jail populations. Among adult men, whites have been incarcerated at a rate of 488 per 100,000 while Latinos have been incarcerated at a rate of 922 per 100,000 and African Americans at a rate of 4,367 per 100,000.^{iv}

Access to Coverage: The ACA expanded eligibility for Medicaid to most adults with incomes under 138% of the federal poverty line (FPL). This enabled 3.7 million Californians to enroll in Medi-Cal, including tens of thousands of justice-involved individuals.

- Approximately one in six people enrolled in coverage through the Medicaid expansion have spent time in jail during the past year.^v
- 25-30% of people released from jail are eligible to enroll in Medicaid due to the expanded eligibility.
- 20% of people released from jail are eligible to purchase coverage with subsidies through the Exchange.^{vi}

Repealing the ACA would eliminate health coverage for the vast majority of justice-involved individuals.

Treatment for Mental Illness and Substance Use Disorders: Individuals who are incarcerated report symptoms of mental health problems and previous abuse of drugs or alcohol at higher rates than the general population.^{vii} Prior to the ACA, California prison inmates who were treated for mental health disorders while incarcerated were more likely to return to prison (69.3%) than those who did not require mental health treatment in prison (59.3%).^{viii} Treating mental health and substance use disorders upon release is critical to reducing the rate of recidivism.

The ACA enabled California to expand mental health and substance use disorder benefits for all Medi-Cal beneficiaries. In 2014, California added a new outpatient mental health benefit that includes psychotherapy, medication management, and other associated services. In 2015, the state received approval to begin implementation of additional substance use disorder services through the Drug Medi-Cal Organized Delivery System.

States like California that expanded Medicaid eligibility saw a 30% greater likelihood of mental health treatment among low income individuals with a serious mental illness than states that did not expand Medicaid eligibility.^{ix} In just the first six months of ACA implementation, an additional 69,191 adults received specialty mental services in California.^{x,xi}

Without the ACA, justice-involved individuals will not be able to access most mental health and substance use disorder services upon returning to the community.

Integration of Health Care: Upon returning to the community, justice-involved individuals face a host of challenges, including housing, employment, and health care. Care coordination is increasingly recognized as crucial to preventing recidivism and promoting successful reintegration.

The ACA has enabled prisons and jails to ensure that inmates are enrolled in coverage before returning to the community. This is an important piece of linking justice-involved individuals to health, mental health, and substance use disorder services. In 2014, California allocated \$25M in grant funding for outreach to newly eligible target populations, largely including the justice-involved population and those with mental illness and substance use disorders.^{xii} Select data shows that significant enrollment has happened. For example, state prisons enrolled 19,000 individuals in FY 15-16.^{xiii} And San Diego County alone has enrolled 6,200 justice-involved individuals since 2014.^{xiv}

In addition to enrollment, care coordination is critical. Section 2703 of the ACA is the Health Homes Option, which allows states to obtain an enhanced federal match to provide coordinated services to Medicaid beneficiaries with complex medical conditions. California is in the process of implementing this program, which may cease to exist if the ACA is repealed. Various grant programs that operate under the Board of State and Community Corrections (BSCC) to provide funds to local jurisdictions to provide services to the re-entry population encourage the leveraging of Medicaid programs and funds. These may be impacted under ACA repeal proposals.

If the ACA is repealed, health integration programs for justice-involved individuals are at risk.

Make your voice heard to stop the ACA repeal! Join us in advocating to your Representative and share your story! <http://cpehn.org/page/having-our-say-resources>. Contact ksavage@cpehn.org for info.

ⁱ Maruschak, L., Berzofsky, M. "Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12". US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2015).

ⁱⁱ James, D., Glaze, L. "Mental Health Problems of Prison and Jail Inmates". US Department of Justice, Office of Justice Programs. (2006).

ⁱⁱⁱ Wang EA, White MC, Jamison R, Goldenson J, Estes M, Tulsky JP. Discharge planning and continuity of health care: findings from the San Francisco County Jail. *Am J Public Health*. 2008;98(12):2182-4.

^{iv} California Department of Corrections and Rehabilitation, 2013. Cited in California's Changing Prison Population. Public Policy Institute of California. 2013.

^v Regenstein "What the ACA Means for People with Jail Stays" (2014). Health Affairs.

^{vi} Ibid.

^{vii} James, D., Glaze, L. "Mental Health Problems of Prison and Jail Inmates". US Department of Justice, Office of Justice Programs. (2006).

^{viii} http://www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/ARB_FY_0809_Recidivism_Report_02.10.14.pdf

^{ix} Cited in <https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf>

^x Department of Health Care Services. (May 2016). Medi-Cal Specialty Mental Health Services Policy Change Supplement for Fiscal Years 2015-16 and 2016-17.

^{xi} Medi-Cal beneficiaries who meet medical necessity criteria for serious mental illness are entitled to specialty mental health services provided by county Mental Health Plans (MHPs). These include inpatient hospitalization, crisis management, rehabilitation, and case management. Specialty mental health services are funded by combination of federal, state, and local funds and pre-date the ACA.

^{xii} AB 82, Sec 71 (2014)

^{xiii} California Rehabilitation Oversight Board: http://www.oig.ca.gov/media/crob/reports/C-ROB_Annual_Report_September_15_2016.pdf

^{xiv} County of San Diego Health and Human Services Agency. October 31, 2016 Report.