

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 420
(A-19)

Introduced by: Resident and Fellow Section

Subject: Coordinating Correctional and Community Healthcare

Referred to: Reference Committee D
(Diana Ramos, MD, Chair)

1 Whereas, The United States has the highest rate of incarceration in the world¹ with an
2 estimated 6,899,000 individuals held under the supervision of the correctional system at year
3 end 2013²; and
4

5 Whereas, The incarcerated population has higher rates of many chronic diseases, including
6 tuberculosis, HIV, hepatitis, asthma, mental health disorders, and substance abuse than the
7 general public³; and
8

9 Whereas, The increased aging of the prison population will only increase the rates of chronic
10 medical conditions⁴; and
11

12 Whereas, The health benefits gained through incarceration, such as food, housing, medication,
13 and access to healthcare are lost upon release, as shown by the increased rate of all-cause
14 mortality in the two weeks following release, as well as the increased rate of hospitalization
15 among recently released inmates compared to the general public and the increased utilization of
16 the emergency department and acute care settings⁵⁻⁶; and
17

18 Whereas, Health benefits have been demonstrated from the linkage of care from correctional
19 institutions to community health clinics and resources, with poorer chronic health outcomes
20 seen in those not linked to care on reentry compared to those linked to care, as well as
21 decreased utilization of emergency department in those linked to community health care upon
22 release⁷⁻⁸; therefore be it

¹ Cloud DH, Parsons J, Delany-Brumsey A. Addressing mass incarceration: a clarion call for public health. *Am J Public Health*. 2014;104(3):389-391.

² Glaze LE, Kaeble D. Correctional populations in the United States, 2013. Bureau of Justice Statistics; 2014. Available at [http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5177\(www.bjs.gov\)](http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5177(www.bjs.gov)). Accessed April 1, 2016.

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

⁴ Williams BA, Goodwin JS, Baillargeon J, Ahalt C, Walter LC. Addressing the aging crisis in U.S. criminal justice health care. *J Am Geriatr Soc*. 2012;60(6):1150-1156.

⁵ Binswanger IA, Stern MF, Deyo RA, et al. Release from prison--a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157-165.

⁶ Frank JW, Linder JA, Becker WC, Fiellin DA, Wang, E. Increased hospital and emergency department utilization by individuals with recent criminal justice involvement: results of a national survey. *JGIM*. 29(9): 12256-33.

⁷ Montague BT, Rosen DL, Sammartino C, et al. Systematic Assessment of Linkage to Care for Persons with HIV Released from Corrections Facilities Using Existing Datasets. *AIDS Patient Care STDS*. 2016;30(2):84-91.

⁸ Montague BT, Rosen DL, Sammartino C, Costa M, Gutman R, Solomon L, Rich J. Systemic assessment of linkage to care of persons with HIV released from corrections facilities using existing databases. *AIDS Patient Care and STDs*. 2016; 30(2): 84-91.

23 RESOLVED, That our American Medical Association support linkage of those incarcerated to
24 community clinics upon release in order to accelerate access to primary care and improve
25 health outcomes among this vulnerable patient population, as well as adequate funding (New
26 HOD Policy); and be it further
27

28 RESOLVED, That our AMA support the collaboration of correctional health workers and
29 community health care providers for those transitioning from a correctional institution to the
30 community. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/01/19

RELEVANT AMA POLICY

Standards of Care for Inmates of Correctional Facilities H-430.997

Our AMA believes that correctional and detention facilities should provide medical, psychiatric, and substance misuse care that meets prevailing community standards, including appropriate referrals for ongoing care upon release from the correctional facility in order to prevent recidivism.

Citation: (Res. 60, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Amended: Res. 416, I-99; Reaffirmed: CEJA Rep. 8, A-09; Reaffirmation I-09; Modified in lieu of Res. 502, A-12; Reaffirmation: I-12

Health Care While Incarcerated H-430.986

1. Our AMA advocates for adequate payment to health care providers, including primary care and mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to re-entry into the community.

2. Our AMA supports partnerships and information sharing between correctional systems, community health systems and state insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system.

3. Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from juveniles and adults who are incarcerated.

4. That our AMA encourage state Medicaid agencies to work with their local departments of corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.

5. Our AMA encourages states to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal justice system and throughout the incarceration process, and to reinstate coverage when the individual transitions back into the community.

6. Our AMA urges the Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies to provide Medicaid coverage for health care, care coordination activities and linkages to care delivered to patients up to 30 days before the anticipated release from correctional facilities in order to help establish coverage effective upon release, assist with transition to care in the community, and help reduce recidivism.

7. Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of incarcerated women and adolescent females, including gynecological care and obstetrics care for pregnant and postpartum women.

Citation: CMS Rep. 02, I-16