Whereas, the federal government and 26 states currently contract with for-profit prisons owned by private third-party companies, with the population incarcerated in for-profit prisons disproportionately rising at least 5 to 10 times faster than the overall incarcerated population from 2000 to 2016; and

Whereas, contracts with for-profit prisons raise ethical concerns, since facilities profit from larger incarcerated populations and longer sentences; and

Whereas, for-profit prisons maximize profits by cutting funding for payment, training, and retention of staff, resulting in inexperienced personnel with high turnover and increased risk to the safety and quality of life of incarcerated individuals; and

Whereas, for-profit prisons spend under 10% of their funds on healthcare compared to 15% in public prisons, offer less access to mental health, addiction, and HIV care, and demonstrate greater rates of delayed interventions for serious mental illness, denial or delay of medically necessary hospitalization, inappropriate use of non-physicians, overcrowding, assaults, injuries due to riots, use of force and solitary confinement, and due process violations; and

Whereas, while public prisons are obligated to release data on operations, safety conditions, healthcare use, and parole and probation services and can be held publicly accountable, for-profit prisons are not subject to this level of oversight; and

Whereas, in 2021, the Biden-Harris Administration announced that they would not renew federal contracts with for-profit prisons, but these corporations continue to contract with counties who in turn contract with the federal government for criminal and immigration detention; and

Whereas, California, Nevada, New York, Illinois, and Washington state all ban or limit state use of for-profit prisons, and 22 states do not use for-profit prisons at all; therefore be it

RESOLVED, that our American Medical Association advocate against the use of for-profit prisons (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for for-profit prisons, public prisons with privatized medical services, and detention centers to be held to the same standards as prisons with public medical services, especially with respect to oversight, reporting of health-related outcomes, and quality of healthcare. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

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5. Our AMA advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and at the time of their incarceration to apply and receive an eligibility determination for Medicaid. Prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid.

4. Our AMA encourages state Medicaid agencies to work with their local departments of corrections, mental health, drug and residential rehabilitation facilities upon release.

3. Our AMA encourages state Medicaid agencies to accept and process Medicaid applications from intake to re-entry into the community.

2. Our AMA advocates for a smooth transition including 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, including correctional settings having sufficient resources to assist incarcerated persons’ timely access to mental health, drug and residential rehabilitation facilities upon release.

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.

REFERENCES


RELEVANT AMA POLICY

H-430.986 Health Care While Incarcerated

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 advocates for a smooth transition including 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, including correctional settings having sufficient resources to assist incarcerated persons’ timely access to mental health, drug and residential rehabilitation facilities upon release.

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

4. Our AMA encourages 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 advocates for states to suspend rather than terminate Medicaid eligibility of juveniles and
6. Our AMA advocates for Congress to repeal the “inmate exclusion” of the 1965 Social Security Act that bars the use of federal Medicaid matching funds from covering healthcare services in jails and prisons.
7. Our AMA advocates for Congress and the Centers for Medicare & Medicaid Services (CMS) to revise the Medicare statute and rescind related regulations that prevent payment for medical care furnished to a Medicare beneficiary who is incarcerated or in custody at the time the services are delivered.
8. Our AMA advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum.
9. Our AMA will collaborate with state medical societies, relevant medical specialty societies, and federal regulators to emphasize the importance of hygiene and health literacy information sessions, as well as information sessions on the science of addiction, evidence-based addiction treatment including medications, and related stigma reduction, for both individuals who are incarcerated and staff in correctional facilities.
10. Our AMA supports: (a) linkage of those incarcerated to community clinics upon release in order to accelerate access to comprehensive health care, including mental health and substance use disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding; (b) the collaboration of correctional health workers and community health care providers for those transitioning from a correctional institution to the community; (c) the provision of longitudinal care from state supported social workers, to perform foundational check-ins that not only assess mental health but also develop lifestyle plans with newly released people; and (d) collaboration with community-based organizations and integrated models of care that support formerly incarcerated people with regard to their health care, safety, and social determinant of health needs, including employment, education, and housing.
11. Our AMA advocates for the continuation of federal funding for health insurance benefits, including Medicaid, Medicare, and the Children's Health Insurance Program, for otherwise eligible individuals in pre-trial detention.
12. Our AMA advocates for the prohibition of the use of co-payments to access healthcare services in correctional facilities.
13. Our AMA encourages the following qualifications for the Director and Assistant Director of the Health Services Division within the Federal Bureau of Prisons: (a) MD or DO, or an international equivalent degree with at least five years of clinical experience at a Bureau of Prisons medical facility or a community clinical setting; (b) knowledge of health disparities among Black, American Indian and Alaska Native, and people of color, including the pathophysiological basis of the disease process and the social determinants of health that affect disparities; (c) knowledge of the health disparities among individuals who are involved with the criminal justice system.
14. Our AMA will collaborate with interested parties to promote the highest quality of health care and oversight for those who are involved in the criminal justice system by advocating for health administrators and executive staff to possess credentials and experience comparable to individuals in the community in similar professional roles. [CMS Rep. 02, I-16; Appended: Res. 417, A-19; Appended: Res. 420, A-19; Modified: Res. 216, I-19; Modified: Res. 503, A-21; Reaffirmed: Res. 229, A-21; Modified: Res. 127, A-22; Appended: Res. 244, A-23; Appended: Res. 429, A-23]

H-430.997 Standards of Care for Inmates of Correctional Facilities
Our AMA believes that correctional and detention facilities should provide medical, psychiatric, and substance use disorder care that meets prevailing community standards, including appropriate referrals for ongoing care upon release from the correctional facility in order to prevent recidivism. [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; Modified: CSAPH Rep. 1, A-22]

D-350.983 Improving Medical Care in Immigrant Detention Centers
Our AMA will: (1) issue a public statement urging U.S. Immigration and Customs Enforcement Office of Detention Oversight to (a) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, (b) take necessary steps to achieve full compliance with these standards, and (c) track complaints related to substandard healthcare quality; (2) recommend the U.S. Immigration and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental,
and dental care as guided by the National Commission on Correctional Health Care; and (3) advocate for access to health care for individuals in immigration detention. [Res. 017, A-17]