



ALLIANCE FOR A
HEALTHY KANSAS

Expand KanCare: Just the Facts

Expanding KanCare is a key factor in criminal justice reform.

Expanding KanCare will connect many justice-involved individuals to affordable health coverage. Access to health care services will improve outcomes and prevent many of these individuals from coming into contact with the criminal justice system, reducing arrests and recidivism, and saving costs.

- Mental illness and substance use disorders (SUD) are common health conditions in jails and prisons. Nearly two-thirds of inmates meet medical criteria for these conditions.¹
- Incarcerated individuals experience higher rates of acute, chronic, and communicable health conditions. These conditions include HIV/AIDS, hepatitis C, hypertension, asthma, diabetes, heart disease, arthritis, and cervical cancer.^{2,3}
- Uninsurance is also common among jail and prison inmates. An estimated 60-90% of those incarcerated would qualify for Medicaid if eligibility were expanded.^{4,5,6}
- Without ongoing health care, many newly released individuals are susceptible to relapse of conditions that may have contributed to their arrest. Connecting them to mental health, SUD, and other health care services will help many of them avoid returning to jail or prison. This is why many state corrections agencies and county governments are collaborating with state Medicaid agencies to enroll former inmates upon release from jails or prisons.^{7,8,9}
- When inpatient care is provided outside prison settings, states can claim federal matching funds for the care provided. Expansion states have millions of dollars per year in savings by using Medicaid to cover inmates' inpatient care.¹⁰
- States that have expanded Medicaid and therefore enhanced access to treatment services have reduced health care costs, decreased arrests, and realized savings in criminal justice costs of nearly \$3 for every \$1 invested in treatment.^{11,12,13}

¹ National Center on Addiction and Substance Abuse at Columbia University. *Behind Bars II: Substance Abuse and America's Prison Population*, 2010.

² Binswanger et al. *Prevalence of Chronic of Medical Conditions among Jail and Prison Inmates in the USA Compared to the General Population*, *Journal of Epidemiology and Community Health* 63(11), November 2009.

³ U.S. Department of Justice. *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–12*, February 2015.

⁴ Gates et al. *Health Coverage and Care for the Adult Criminal Justice-Involved Population*, Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, September 2014.

⁵ U.S. Government Accountability Office. *Medicaid: Information on Inmate Eligibility and Federal Costs for Allowable Services*, September 2014.

⁶ Wang et al. *Discharge Planning and Continuity of Health Care: Findings of the San Francisco County Jail*, *American Journal of Public Health* 98(12), December 2008.

⁷ Kimball et al. *Medicaid Expansion and Mental Health Care*, National Alliance on Mental Illness, 2013.

⁸ Solomon. *The Truth About Health Reform's Medicaid Expansion and People Leaving Jail*, Center on Budget and Policy Priorities, June 2014.

⁹ Morrissey et al. *Medicaid enrollment and mental health service use following release of jail detainees with severe mental illness*, *Psychiatric Services* 57(6), June 2006.

¹⁰ Ibid

¹¹ Mancuso and Felver. *Chemical Dependency Treatment, Public Safety: Providing chemical dependency treatment to low-income adults results in significant public safety benefits*, Washington State Department of Social and Health Services Research, Data Analytics Division, February 2009.

¹² Guyer et al. *Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States*, Robert Wood Johnson Foundation, State Health Reform Assistance Network, November 2015.

¹³ Morrissey et al.