DON'T LET THE ACA* DISAPPEAR. SAVE MEDICAID.

The ACA and Medicaid are opportunities to strengthen public safety and health. A comprehensive approach to healthcare relieves law enforcement, jails, and prisons of the de facto health and social service role they have been forced to fill in the wake of a widespread opioid epidemic, a national housing crisis, and a historically under-funded community health system. **Coverage and care build capacity on the outside, so health problems aren't stuck on the inside.**

*ACA: Affordable Care Act

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The ACA and Medicaid improve public safety

PEOPLE GET HEALTHCARE COVERAGE.

Before the ACA, low-income people who were single, non-disabled, and without dependents were not eligible for Medicaid. Some employers provided healthcare coverage, but this was unusual for lower-paid employees.

An estimated nine out of ten people enter jail without coverage.[1]

Medicaid expansion under the ACA covers single, non-disabled adults without dependents at income <138% Federal Poverty Level.

Close to half of the incarcerated population in U.S. jails and prisons are eligible for Medicaid coverage under the state expansion option provided by the ACA.[2] The ACA sets the stage for a new health-oriented policy framework to address problems such as substance abuse and mental health disorders. Instead of the standard incarcerate and punish approach, states can provide care to people in the community and strengthen prevention efforts.

COVERAGE MUST INCLUDE CARE FOR MENTAL ILLNESS AND ADDICTION.

Before the ACA, coverage for behavioral health services—for mental health and substance use disorders—was restricted or unavailable due to limits imposed by insurance companies.

At least two-thirds of the jail population suffer from alcohol/drug addiction, or mental illness, or both.[3]

Repealing the ACA would have a devastating impact on Americans suffering from the opioid epidemic, increasing the treatment gap by over 50 percent and eliminating at least $5.5 billion per year from treatment for mental and substance use disorders.[4]

The ACA requires insurers to cover behavioral healthcare—and cover it on par with medical/surgical coverage—and recognizes mental health and substance use disorders as chronic health conditions.

MEDICAID COVERAGE CAN PAY FOR CASE MANAGEMENT.

Before the ACA, very few chronic health conditions were eligible for care coordination services or case management covered by Medicaid, and even then, only by special arrangements secured by state governments.

Among people who cycle in and out of U.S. jails, untreated mental illness and addiction are disproportionately high, and unstable housing or homelessness are common.[5]

Physical health problems are exacerbated by lack of attention, which is inhibited by a reduced ability to practice self-care, related to untreated behavioral health problems, and often also persistent homelessness.

With Medicaid expansion, states can provide care coordination (case management) services to recipients with chronic health conditions, including mental illness and substance use disorders, as well as diabetes, hypertension, and asthma.

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CASE MANAGEMENT CAN IMPROVE RE-ENTRY, FACILITATE DIVERSION, AND REDUCE RECIDIVISM.

Before the ACA, alternatives to incarceration and supportive services for justice-involved populations relied on funding from government grants and foundation support.

Complex unmet health and social needs contribute to a cycle of incarceration, homelessness, poor health, and extreme poverty.

Case management helps justice-involved individuals address their housing, legal, transportation, and other social needs, ensuring they have the capacity and stability to focus on their health issues, and reducing their risk of re-arrest as a consequence.

HOW DOES MEDICAID WORK NOW?

In 1965, federal legislation established Medicaid as a health insurance program for poor families, eventually also including coverage for individuals with some disabilities. The program is jointly funded by state and federal governments, and relies on means testing to confirm eligibility for coverage.

As a federally administered program, Medicaid ensures a legal right to care for those who are eligible.

- Standards for Medicaid coverage—what is covered, and how—are set at the federal level, rather than individually determined by each state.

The federal government covers the majority of Medicaid costs.

- The federal government pays at least 50%—and under the ACA, up to 90%—of the cost of state Medicaid programs.

IF MEDICAID BECOMES A BLOCK GRANT PROGRAM, ALL OF THIS WILL BE LOST.

- **Individuals who are covered now will lose their legal right to care.** Federal standards for coverage will disappear with federal administration.
- **States will be forced to pay more of the cost of Medicaid coverage for their recipients.** Block grants won't keep pace with the rising cost of medications, the healthcare needs of our ageing population, and the expense of future health problems we can't foresee now.
- **Federal support will cover less of each state's program costs.** Our already-constrained state budgets will see further shortfalls.
- **The cost of healthcare coverage will compete with other public needs – education, housing, the environment.** Treatment, care, and services will be cut.

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