POSITION STATEMENT

Health Care Funding for Incarcerated Youth

Background

Youth who are detained or incarcerated in correctional facilities represent a medically underserved population at high risk for a variety of medical and emotional disorders. These youth not only have a substantial number of pre-existing health problems, they also develop acute problems that are associated with their arrest and with the environment of the correctional facility... Indicative of both their personal behavior and their lack of adequate prior health care services, youth in correctional institutions have a greater than expected rate of selected physical and emotional problems, such as substance abuse, sexually transmitted diseases, unplanned pregnancies, and psychiatric disorders. (AMA Council on Scientific Affairs, 1990)

Over the past decade, the number of juveniles in custody in the United States has decreased significantly. Nevertheless, in 2010 nearly 71,000 youth were in residential placement, 69% of them in public facilities (Hockenberry, 2013). These children are admitted with substantial existing physical and emotional problems caused by a variety of factors, including past physical and psychosocial adverse experiences, unhealthy behavior, and lack of prior health care. A variety of studies reported by the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, the American Public Health Association, and the National Commission on Correctional Health Care have shown that upon admission to the juvenile facility, about one in three youths have a history of sexually transmitted diseases, one in five report having parented a child, one in 10 girls are pregnant, and one in 10 have gonorrhea. Juveniles also have high rates of alcohol and other substance use disorders including tobacco abuse. Prior to arrest and incarceration, these children have not received regular primary care—most health care has been through emergency departments for acute, often serious problems. As a result, most have not received recommended preventive care for adolescents.

Oral health is also a concern among America’s youth. An estimated 42% of 6- to 19-year-olds have had cavities in their permanent teeth and 14% have untreated tooth decay. By age 17, more than 7% of children have lost at least one tooth due to decay (Network for Public Health Law, 2012). Studies have shown that untreated oral health problems can lead to attention deficits, trouble in school, and problems sleeping and eating, and are associated with numerous diseases (Network for Public Health Law, 2012).

Health Insurance in Juvenile Detention and Confinement Facilities

Youth incarcerated in juvenile detention and confinement facilities eventually return to their communities, hopefully to live productive and healthy lives. It is important to provide needed health care services, including early diagnosis and treatment for communicable diseases, that address their unique needs. The likelihood that needed health care will be provided is, however, contingent upon the availability of funding for these health services. Children who are placed in foster homes, private residential facilities, or group homes remain eligible for Medicaid, assuring that the federal and local governments share in the cost of required health care.

Until 1984, federal regulations allowed correctional institutions to bill for health services provided to incarcerated youth who were eligible for Medicaid for the month of their arrest and the month of their discharge. After 1984, the regulations disallowed any federal reimbursement for health services to incarcerated individuals. This action shifted the responsibility for financing needed health care entirely to local governments (e.g., states, counties, cities) and, due to a reduction in federal funding, often results in inequities in the quality of care available to youth. Children in public, as compared to private, facilities are mostly poor, minority, and from socially disadvantaged families. They are disproportionately affected by ineligibility for insurance. In contrast, children residing in private facilities are eligible for Medicaid. The Affordable Care Act (ACA) expands insurance coverage, opening up new opportunities for many juveniles...
in corrections. These changes include expansion of Medicaid in many states, establishment of health insurance exchanges with subsidies for low-income families, coverage under parents’ insurance to age 26, and removal of exclusions for pre-existing conditions. Pediatric dental coverage is an ACA Essential Health Benefit that must be offered to families buying health insurance in the new state- and federally-facilitated marketplaces (Network for Public Health Law, 2012). Most juveniles require assistance in enrolling in these programs.

Position Statement

America’s future depends on the health of all of our children. Incarcerated youth represent an especially vulnerable population whose lives are at high risk for illness and disability. Early diagnosis and treatment and continuity of care are essential. All of America’s youth deserve the opportunity for equal access to health care regardless of placement in public or private facilities.

NCCHC urges equality in access and funding for health care and, therefore, recommends that all youth in public and private confinement and detention facilities remain eligible for all public (e.g., Medicaid) and private health care coverage consistent with state and local eligibility requirements. NCCHC urges prerelease insurance application/enrollment and prerelease coordination to ensure postrelease continuity of care. NCCHC also recommends that states suspend rather than terminate Medicaid insurance following arrest and detention in order to facilitate quick reactivation upon release.

Adopted by the National Commission on Correctional Health Care Board of Directors
March 21, 1993
October 2014 — reaffirmed with revision

Bibliography


