



## POSITION STATEMENT

### Health Care Funding for Incarcerated Youth

Adolescents involved in the juvenile justice system represent a unique pediatric patient population, often hidden from public view. For a multitude of reasons including socioeconomic disparities and poor access to health care, these children have a disproportionate number of physical and mental health needs. Many of these conditions are first identified upon entering the juvenile justice system, addressed while youth are incarcerated, and require continued care long after release.

– Gergelis, K., Kole, J., & Lowenhaupt, E. (2016). Health care needs of incarcerated adolescents. *Rhode Island Medical Journal*, 99(9), 24-26.

### Health Insurance in Juvenile Detention and Confinement Facilities

When youth incarcerated in juvenile detention and confinement facilities return to their communities, it is important that they receive support to help them live productive and healthy lives. This support includes needed health care services, such as early diagnosis and treatment for communicable and chronic diseases. The likelihood that needed health care will be provided is contingent upon the availability of funding for these services. Justice-involved youth who are placed in foster homes, private residential facilities, or group homes remain eligible for Medicaid, ensuring that the federal and local governments share in the cost of required health care.

However, federal regulations disallow any federal reimbursement for health services to incarcerated individuals, including youth. Instead, local governments (e.g., states, counties, cities) are responsible for financing needed health care, which often results in inequities in the quality of care available to youth. Justice-involved youth housed in public facilities are disproportionately poor, minority, and from socially disadvantaged families. Medicaid may be the only source of insurance coverage while in the community. Eligibility is lost while detained and often difficult to initiate or reinstate upon release.

The Affordable Care Act (ACA) expands insurance coverage, providing opportunities for many youth in correctional settings. The ACA led to the 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 state- and federally-facilitated marketplaces. Most youth and their parents/guardians 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 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 supports equality in access and funding for health care and 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 advocates that youth apply for insurance enrollment and participate in prerelease coordination of care to ensure continuity of care upon release into the community. NCCHC also recommends that states suspend rather than terminate Medicaid insurance following detention in order to facilitate quick reactivation upon release.

**Adopted by the National Commission on Correctional Health Care Board of Directors**

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**October 2019 — reaffirmed with revision**