

INCARCERATED WOMEN'S HEALTH & HEALTH INSURANCE FOR REENTERING PEOPLE

Internet Resources

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When Survivors Reenter their Communities after Jail or Prison
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Introduction

Access to proper medical care can be challenging for everyone. When working with all reentering people, one needs to understand what their individual health needs are to ensure a smooth reintegration with their communities. The impact of incarceration may exacerbate some health problems for all inside, but for women, some health issues are unique.

In this listing, you will find resources that could assist advocates and other practitioners working to provide support for incarcerated women's specific health needs. We included:

- Background resources on incarcerated women's health;
- Resources on reproductive health focused on incarcerated women who are mothers and/or pregnant;
- A section on women's health and reentry;
- Documents that explain the implications of the ACA on women; and
- Practice guides and tools for practitioners.

We have separate reentry internet listings on Mental Health, Substance Abuse and Co-occurring issues, as well as one about Sexual Assault and the Prison Rape Elimination Act, so we did not include those resources here. We also have an internet listing on justice-involved LGBTQ people, but included in this listing are the few resources we found on healthcare of transgender prisoners. We found no resources specific to healthcare of transgender prisoners reentering.

AUDIENCE

Reentering people, especially women, practitioners and advocates working with reentering people, and organizations and government agencies working with reentering people.

A NOTE ON LANGUAGE

Labels can often stigmatize people and create barriers between those using the labels and those being labeled. Some of the resources included in this listing use the term "women offender" for women returning home from jails and prisons. It is not a term we use at the National Clearinghouse. Many incarcerated and formerly incarcerated women have objected to that term. We believe it is critical that individuals not be defined by their crime/alleged crime. Instead, we use terms such as "reentering woman," "person returning from jail/prison," or "formerly incarcerated woman."

In this resource listing we changed words like "offender" or "inmate" when they did not appear in the title and when it did not affect the integrity of the document being described.

If you know of additional online resources that should be added to this list, please contact the National Clearinghouse. We would also like to know if you find errors or changes in any of the web addresses. Thanks.

This resource is part of a series of internet listings about When Survivors Reenter their Communities after Jail or Prison published by the National Clearinghouse for the Defense of Battered Women. Copies of these resources are available at www.ncdbw.org/reentry_resources.htm. Or email us at ncdbw@ncdbw.org and we will forward copies.

Incarceration and Health Issues

The materials in this section are intended to give practitioners background information on the intersection of incarcerated people and health issues. Although none of the resources in this section are specific to reentry, we believe the more one knows about the impact of incarceration on the health issues of those in prison, the better able they will be to understand the health issues of those who are reentering their communities after being in jail or prison.

NOTE: *The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.*



General Background: Women

IMPROVING HEALTHCARE FOR INCARCERATED WOMEN [WEBINAR]

by Dr. Carolyn Sufrin (2015)

Incarcerated women experience higher rates of diseases (such as HIV, Hepatitis C, syphilis, and cervical cancers), as well as sexually transmitted infections, substance dependence, abuse, and mental illness. A recent webinar, sponsored by the NRCJIW, reflected on these and other challenges to providing the necessary and appropriate healthcare services to women in prison and jail settings. <http://cjinvolwedwomen.org/webinars/NRCJIWWebinar8-20-15/lib/playback.html>

FORGOTTEN WOMEN: INCARCERATION AND HEALTH CONCERNS OF MINORITY WOMEN

by Chaundra L. Whitehead, Regina McDade, and Mary Mites-Campbell (2014)

Author's Abstract: "This paper will discuss incarcerated minority women's health conditions, and health education in prison. Issues related to health education of [incarcerated individuals], such as programs, cultural awareness and literacy will also be discussed. Finally, this paper will discuss issues related to medication access and adherence, and post incarceration referral services. <http://digitalcommons.fiu.edu/sferc/2014/2014/6/>

"SHE'S OUT OF SIGHT": WOMEN, HEALTHCARE, AND THE PRISON SYSTEM

by Monique Hassel (2013)

Written for a general audience, this article includes some firsthand accounts of women's experiences addressing some of their health needs while incarcerated. Excerpt: "It's no secret that the United States has a problem with its prison system. In 2009, one out of every 31 adults in the country was in prison, in jail, or on supervised release. What's less talked about, however, is the fastest growing population behind bars: female prisoners. While it is important to distinguish the human right [sic] violations that female prisoners face, we should not think of these issues as 'outside of the norm' or 'special,' when discussing the treatment of prisoners in general. Yet scholarship on the prison industrial complex tends to focus on the alarming increase of men of color in prison, unintentionally neglecting female prisoners and their human rights." <http://manifestamagazine.com/2013/02/15/shes-out-oa-sight/>

WOMEN'S HEALTHCARE IN PRISON

by Molly Yeager (2012)

Excerpt: "This paper summarizes Ohio's correctional healthcare system for women, presents a picture of the women in our prisons, their healthcare needs, and the challenges facing the DRC in

serving them. To provide a thorough analysis, CIIC [Correctional Institution Inspection Committee] reviewed medical data and prisoner communication, as well as conducted individual staff interviews at the three primary institutions that housed female prisoners prior to 2012. Overall, the paper's intent is to provide a concise, yet complete analysis of the current issues and concerns for women's healthcare in Ohio prisons."

<http://www.ciic.state.oh.us/docs/Women%27s%20Healthcare%202012%20Final.pdf>

IMPROVING HEALTHCARE FOR INCARCERATED WOMEN

by Sandra A. Springer (2010)

This resource is written for corrections policymakers and health providers working with returning populations to stress the importance of screening and implementing preventative measures that commonly arise for formerly incarcerated women. Excerpt: "Although women account for approximately 7% of the total prisoner population in state and federal prisons, female incarceration rates reveal racial and ethnic differences similar to those of male prisoners. Black women (with a prison and jail rate of 348 per 100,000) were nearly two and a half times more likely than Hispanic women (146 per 100,000) and over 4.5 times more likely than white women (95 per 100,000) to be incarcerated in midyear 2007. Not only do the majority of these prisoners carry a racial disparity, but they also carry considerable disparity in the burden of disease within the correctional system as well as in the community upon release. Prevalence rates within the correctional setting of mental illnesses are 30%–50% compared with 11% in the general population, and alcohol and drug problems occur in 30%–70% of the incarcerated population compared with 3%–6% in the general population. Furthermore, certain communicable infectious diseases occur at higher rates in the incarcerated population than in the community. HIV-AIDS is three to four times greater; tuberculosis (TB) occurs in 40% of incarcerated populations, and chronic hepatitis C viral (HCV) infection occurs in almost 50%."

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2828190/pdf/jwh.2009.1786.pdf>

FROM THE INSIDE OUT: TALKING TO INCARCERATED WOMEN ABOUT HEALTH CARE: A SURVEY OF INCARCERATED WOMEN IN D.C. JAIL FACILITIES

by the D.C. Prisoners' Legal Services Project and John Hopkins Bloomberg School of Public Health (2005)

Excerpt: "This report presents the results of a study based on a series of interviews with 117 women incarcerated at the D.C. Jail and the adjacent Correctional Treatment Facility (CTF), the two jail facilities in D.C., from October 2004 to April 2005. This effort was the product of a unique collaboration between D.C. Prisoners' Legal Services Project and the Johns Hopkins Bloomberg School of Public Health. The recommendations included below are drawn both from our interviews with incarcerated women and from our collective expertise and experience advocating on health care issues. Recognizing that correctional authorities alone cannot solve the problems associated with disease in incarcerated populations, due to fiscal constraints and structural limitations, there are nonetheless significant contributions that jails and other places of incarceration can make. Below we make several recommendations specific to the D.C. Jail and the CTF. . . . This unique collaboration yielded not only an enormous amount of information about medical services inside these facilities but also a rare snapshot of the women who end up there."

http://www.washlaw.org/pdf/WomensHealth_Hopkins.pdf

General Background: Transgender Prisoners

TRANSGENDER, TRANSSEXUAL, AND GENDER NONCONFORMING HEALTH CARE IN CORRECTIONAL SETTINGS

by the National Commission on Correctional Health Care (2015)

This resource is written for correctional health staff to provide an overview of some risks that may arise for incarcerated transgender people. Excerpt: "Transgender people face an array of risks to their health and well-being during incarceration, and are often targets of physical assault and emotional abuse. They are commonly placed in correctional facilities according to their genitals and/or sex assigned at birth, regardless of their gender presentation. The health risks of overlooking the particular needs of transgender [incarcerated individuals] are so severe that acknowledgment of the problem and policies that assure appropriate and responsible provision of health care are needed ... Because jails, prisons, and juvenile confinement facilities have a responsibility to ensure the physical and mental health and well-being of [incarcerated individuals] in their custody, correctional health staff should manage transgender patients in a manner that respects their biomedical and psychological needs."

<http://www.ncchc.org/transgender-transsexual-and-gender-nonconforming-health-care>

UNRAVELING INJUSTICE: RACE AND CLASS IMPACT OF MEDICAID EXCLUSIONS OF TRANSITION-RELATED HEALTH CARE FOR TRANSGENDER PEOPLE

by Pooja S. Gehi and Gabriel Arkles (2007)

Author's Abstract: "This article explores how Medicaid policies excluding or limiting coverage for transition-related health care for transgender people reproduce hierarchies of race and class. In many legal contexts, a medical model informs views of transgender experience(s), often requiring proof of specific types of surgery prior to legal recognition of transgender people's identity and rights. Simultaneously, state Medicaid programs disregard the medical evidence supporting the necessity of transition-related care when considering whether to cover it. In this article, the authors analyze the contradiction between the medicalization of trans experience(s) and government's refusal to recognize the legitimacy and necessity of trans health care. The authors examine the social, economic, legal, political, medical, and mental health impact of these policies on low-income trans communities, paying particular attention to the disproportionate impact on communities of color. The authors conclude with recommendations for legal and health care systems to improve access to transition-related health care for low-income trans people."

<http://srlp.org/wp-content/uploads/2012/08/SRLPmedicaidarticle.pdf>

Reproductive Health

STATE STANDARDS FOR PREGNANCY-RELATED HEALTH CARE AND ABORTION FOR WOMEN IN PRISON

by the American Civil Liberties Union (no date)

Excerpt: "To what extent, if any, a prison's policies address pregnancy-related services is one important indicator of how that facility treats pregnant women in its custody. Presented here are the results of research to identify pregnancy-specific correctional policies posted on state department of corrections websites, or contained in databases of state laws and regulations, as well as national and federal standards. This is not an exhaustive survey of all state standards that may relate to the treatment of pregnant inmates, but a resource guide identifying such standards as are readily available online. This resource guide includes five sections: First, it provides a short summary of minimum national standards that correctional facilities should meet as one important

step for addressing the health needs of pregnant inmates. Second, it offers a short summary of the federal courts' treatment of the use of restraints on pregnant inmates. Third, it provides an overview of the ways that federal agencies meet or fail to meet national standards. Fourth, it offers a general overview of the ways that the state policies located meet or fail to meet those national standards. Finally, it provides a state-by-state directory to help you directly retrieve online, or request by phone or mail, individual state department of corrections' policies addressing pregnancy-related care, including abortion."

<https://www.aclu.org/state-standards-pregnancy-related-health-care-and-abortion-women-prison-0>

REPRODUCTIVE INJUSTICE: THE STATE OF REPRODUCTIVE HEALTH CARE FOR WOMEN IN NEW YORK STATE PRISONS

by Tamar Kraft-Stolar for the Correctional Association of New York (2015)

Excerpt: "[We] list our top findings on reproductive health care in DOCCS [New York State Department of Corrections and Community Supervision]. Some findings are positive, as DOCCS is performing well in certain areas related to women's health. Overall, however, we found that reproductive health care for women in New York State prisons is woefully substandard, with women routinely facing poor-quality care and assaults on their basic human dignity and reproductive rights. Our findings can only be fully understood in the broader context of the prison setting. By design, prisons are isolating and oppressive environments. While incarcerated women work against this environment in a variety of ways – advocating for themselves and others, fighting to maintain relationships with children, and creating their own communities on the inside – incarceration remains a traumatizing experience. This trauma is compounded by the lack of supportive services to help women grapple with the issues that led them to prison and the challenges they face once inside, including being separated from their families. The damage the prison setting does to women's emotional well-being is profound, and women's emotional well-being is deeply connected to their physical health. Many women we spoke with talked about this connection."

<https://static.prisonpolicy.org/scans/Reproductive-Injustice-FULL-REPORT-FINAL-2-11-15.pdf>

BEST PRACTICES IN THE USE OF RESTRAINTS WITH PREGNANT WOMEN AND GIRLS UNDER CORRECTIONAL CUSTODY

by Kristen King for the National Task Force on the Use of Restraints with Pregnant Women Under Correctional Custody (2014)

Excerpt: "The principles and best practice recommendations outlined herein reflect the current state of the intersection between the fields of corrections and health care, and represent a growing recognition of the need for clear standards for the treatment of pregnant women and girls under correctional custody based on medical evidence and evolving standards of care. They are also a timely response to the growing interest in alternatives to seclusion and restraint in corrections and behavioral health settings, particularly for pregnant women and girls. . . . In developing these principles, recommendations, and the rationale supporting them, the Task Force carefully reviewed a broad body of literature and legal actions related to the use of restraints with pregnant women under correctional custody. These included relevant research findings on pregnant women under correctional custody, resolutions and policy statements from medical organizations such as the American Congress of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), and National Commission on Correctional Healthcare (NCCHC) illustrating medical experts' views on restraints on pregnant women and girls; position statements from correctional professional associations such as the Association of State Correctional Administrators (ASCA), American Correctional Association (ACA), and American Jails Association (AJA) on the use of

restraints with pregnant women; various reports on the use of restraints with pregnant women; reviews of medical research; state legislation; and summaries of legal actions related to this issue. Critical areas informing these recommendations include legal considerations, the need for gender-responsive and trauma-informed policies and practices, and the view of the international community and human rights organizations.”

<https://nicic.gov/best-practices-use-restraints-pregnant-women-under-correctional-custody>

PREGNANCY- AND CHILD- RELATED LEGAL AND POLICY ISSUES CONCERNING JUSTICE-INVOLVED WOMEN

by Myrna Raeder for the National Institute of Corrections (2013)

Excerpt: “This document provides an overview of pregnancy- and child-related legal questions concerning justice-involved women that can be raised in correctional settings. It updates and expands the Legal Appendix, written by Southwestern Law School Professor Myrna Raeder that is included in *Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, by Barbara Bloom and colleagues, published by the National Institute of Corrections (NIC) in 2003. The information presented here is expected to be pertinent to a wide audience, only some of whom have legal training. Commissioners of correctional departments and their legal staff, wardens, sheriffs, and other prison and jail administrators; community correctional officials; service providers; and stakeholders, including advocates for prisoners, should all be able to reference this document as a starting point for analyzing family issues that affect a large percentage of female prisoners. A variety of resources, legal and otherwise, are cited to help further research about these issues. Administrators and policymakers may find it useful to review their policies in light of these pregnancy- and child-related legal questions and answers, with the caveat that their responses must be dictated in part by the specific laws and policies that exist in the particular jurisdiction where their facility is located, and by the specific circumstances of each issue that arises.”

<https://nicic.gov/pregnancy-and-child-related-legal-and-policy-issues-concerning-justice-involved-women>

REPRODUCTIVE HEALTH LOCKED UP: AN EXAMINATION OF PENNSYLVANIA JAIL POLICIES

by the American Civil Liberties Union of Pennsylvania, Clara Bell Duvall Project (2012)

Executive Summary: “The American Civil Liberties Union (ACLU) has long-standing commitments to the rights of women, the incarcerated and reproductive freedom. These three interests led to our involvement in the successful Pennsylvania effort to ban shackling and other restraints for incarcerated women during the latter stages of pregnancy. However sweet the victory, eliminating restraints during pregnancy represents a mere sliver of the reproductive health concerns facing Pennsylvania’s incarcerated women. We decided to look at the issue more broadly with the goal of identifying other aspects of reproductive health care that could be improved through advocacy, legislation, or legal challenges. This report was compiled after reviewing the policies of the 57 county jails in Pennsylvania that house women. We focused on county jails rather than state prisons because the needs of women in these facilities have never been systematically explored. By identifying trends across the state and in individual counties, we aim to help advocates improve women’s reproductive health care behind bars.”

<http://www.aclupa.org/our-work/duvall-reproductive-freedom-project/incarceratedwomenandhealth/reproductive-health-locked/>

INSIDE THIS PLACE, BUT NOT OF IT: NARRATIVES FROM WOMEN'S PRISONS

compiled and edited by Robin Levi and Ayelet Waldman (2011)

Publisher's Description: "*Inside This Place, Not of It* reveals some of the most egregious human rights violations within women's prisons in the United States. In their own words, the thirteen narrators in this book recount their lives leading up to incarceration and their experiences inside – ranging from forced sterilization and shackling during childbirth, to physical and sexual abuse by prison staff. Together, their testimonies illustrate the harrowing struggles for survival that women in prison must endure."

Excerpt from book: "Olivia's Story"

<http://www.coldtype.net/Assets.11/pdfs/1211.Olivia%27s%20Story.pdf>

Reentry and Women's Health

The resources below are focused on the intersection of women's health while incarcerated and transitioning back to her community.

NOTE: The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.



INVISIBLE BARS: BARRIERS TO WOMEN'S HEALTH & WELL-BEING DURING AND AFTER INCARCERATION

by Kim Carter, Disep Ojukwu, and Lance Miller (2006)

Excerpt: "The findings in this report have revealed that there is a lack of re-entry programs, healthcare services, education and employment opportunities, and support services for women in prison and upon their release. . . . In addition, various recommendations have been presented in this report in order to guide the process of creating new policies and modifying existing ones. The issues that affect these women are not in isolation; as taxpayers, we are all impacted. Therefore, it is imperative that we – communities, elected officials, and taxpayers – finally begin to look at the real solutions that will ultimately benefit these women and their children."

<https://www.timeforchangeoundation.org/documents/Invisible%20Bars.pdf>

COMING HOME FROM JAIL: THE SOCIAL AND HEALTH CONSEQUENCES OF COMMUNITY REENTRY FOR WOMEN, MALE ADOLESCENTS, AND THEIR FAMILIES AND COMMUNITIES

by Nicholas Freudenberg, Jessie Daniels, Martha Crum, Tiffany Perkins, and Beth E. Richie (2005)

Author's Abstract: "Each year, more than 10 million people enter US jails, most returning home within a few weeks. Because jails concentrate people with infectious and chronic diseases, substance abuse, and mental health problems, and reentry policies often exacerbate these problems, the experiences of people leaving jail may contribute to health inequities in the low-income communities to which they return. Our study of the experiences in the year after release of 491 adolescent males and 476 adult women returning home from New York City jails shows that both populations have low employment rates and incomes and high re-arrest rates. Few received services in jail. However, overall drug use and illegal activity declined significantly in the year after release. Post release employment and health insurance were associated with lower re-arrest rates and drug use. Public policies on employment, drug treatment, housing, and health care often blocked successful reentry into society from jail, suggesting the need for new policies that support successful reentry into society."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2518598/>

Health Coverage and the Affordable Care Act

The resources below are focused on health insurance – especially the Affordable Care Act (ACA) – and how it affects women and justice-involved people. Officially called the Patient Protection and Affordable Care Act, the ACA is a healthcare reform law signed in 2010 by President Barack Obama. Although these represent only a small number of internet resources available about the ACA, we included only those that highlighted unique impacts of the ACA on women generally or those that specifically addressed the ACA and incarcerated women. This listing is meant as a starting point to familiarize practitioners with basic issues concerning the Affordable Care Act and women.

We also include a section here with practice guides and resources on how to assist individuals to enroll in health coverage plans. The main audiences for these practical guides are advocates and practitioners working with reentering justice-involved people. Although these resources are not women-specific, most are geared to help justice-involved individuals enroll while still in custody and as they reenter to minimize any gaps in coverage.

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Women and the ACA

FACT SHEETS: WHY THE AFFORDABLE CARE ACT MATTERS FOR WOMEN

by the National Partnership for Women and Families (2014)

The National Partnership for Women and Families has prepared and updated a series of fact sheets around women's health issues and the Affordable Care Act (ACA). Below we have highlighted some fact sheets from this series, though we have also included a link to all the fact sheets in this series.

<http://www.nationalpartnership.org/issues/health/aca-open-enrollment.html>

Direct link to each fact sheet:

- **Summary of Key Affordable Care Act (ACA) Provisions**

Excerpt: "The Affordable Care Act (ACA) is the greatest advance for women's health in a generation. The ACA will improve women's access to health insurance coverage, make health care more affordable, and expand benefits – all priorities for women. Quite simply, reform is making affordable, quality health care more of a reality for women and their families."

<http://www.nationalpartnership.org/research-library/health-care/summary-of-key-provisions.pdf>

- **The Requirement to Have Health Insurance**

This fact sheet outlines who is required to have insurance and who is exempt, and outlines the types of coverage that will satisfy this minimum requirement. Excerpt: "Individuals must be enrolled in health plans that qualify as minimum essential coverage, meaning that their plans must cover a comprehensive, minimum scope of benefits. Many people who currently receive their insurance through their employers or through federal health-insurance programs are already enrolled in plans that meet this requirement."

<http://www.nationalpartnership.org/research-library/health-care/requirement-to-have-health-insurance.pdf>

- Expanding Access to Health Insurance**
Excerpt: "In 2010, the year the Affordable Care Act (ACA) was signed into law, approximately 19 million women – one in five women ages 19 to 64 – were uninsured. By 2014, the ACA will provide nearly all of these women with access to comprehensive health coverage."
http://go.nationalpartnership.org/site/DocServer/EXPANDING_ACCESS.pdf?docID=10002
- Affordability and Choice in the Insurance Marketplace**
Excerpt: "Between 2010 and 2014, the Affordable Care Act (ACA) progressively implements an array of rules and protections to make the private health insurance system – including employer-sponsored plans – better meet the needs of women and families. In particular, the ACA will help rein in premium increases, improve the adequacy of benefit packages, and make coverage more reliable."
<http://go.nationalpartnership.org/site/DocServer/AFFORDABILITY.pdf?docID=10003>
- Improving Health Care for Older Women**
Excerpt: "Access to affordable, quality health care is central to older women's quality of life and economic security. The good news is that if you are a woman 65 years of age or older, you have a lot to gain from the Affordable Care Act (ACA)."
http://go.nationalpartnership.org/site/DocServer/OLDER_WOMEN.pdf?docID=10004
- Improving Health Care Coverage for Lower-Income Women**
Excerpt: "The high cost of health care places a particular burden on lower-income women who need health services but often struggle to pay premiums and out-of-pocket costs. The problem has been exacerbated because many insurers charge women higher rates simply because of their gender, thereby putting health coverage out of reach – especially for many lower-income women. The Affordable Care Act (ACA) will dramatically improve access to affordable health care for lower-income women."
<http://www.nationalpartnership.org/research-library/health-care/improving-health-care-lower-income-women.pdf>
- Better Care for Pregnant Women and Mothers**
Excerpt: "The Affordable Care Act aims to improve conditions for pregnant women and new parents by providing the services they need to have healthy pregnancies and provide their children with a good start in life."
<http://www.nationalpartnership.org/research-library/health-care/better-care-for-pregnant-women.pdf>
- Expanding Medicaid Family Planning Services**
Excerpt: "Effective immediately, the ACA allows states to expand Medicaid eligibility for family planning services up to the same income level they use to set eligibility for pregnant women, without having to go through the cumbersome federal waiver process previously required."
<http://go.nationalpartnership.org/site/DocServer/MEDICAID.pdf?docID=10007>
- Preserving Access to Women's Health Clinics**
Excerpt: "Today, many uninsured or underinsured Americans receive their care from publicly funded clinics and health providers across the country known as essential community providers (ECPs). Many of these providers do not require insurance or any payment. By 2014, health reform will require that all Americans have health insurance coverage, so many people who currently receive services from ECPs will be purchasing private health insurance coverage. Private plans do not generally include ECPs in their coverage networks; therefore, health reform requires private health plans participating in health insurance exchanges to contract with essential community providers."
http://go.nationalpartnership.org/site/DocServer/HEALTH_CLINIC_ACCESS.pdf?docID=10008

- **Coverage of Women's Preventive Services, Including Contraception (2012)**
Excerpt: "For generations, women have faced discrimination in health care. A number of provisions in the Affordable Care Act (ACA) aim to address this long-standing problem. One of these is the Women's Health Amendment, authored by Sen. Barbara Mikulski (D-MD), which specifies that the preventive services requirements in the ACA include preventive services for women."

http://go.nationalpartnership.org/site/DocServer/PREVENTIVE_SERVICES.pdf?docID=10009

ISSUE BRIEF HEALTH REFORM: IMPLICATIONS FOR WOMEN'S ACCESS TO COVERAGE AND CARE

by the Henry J. Kaiser Family Foundation (2013)

Excerpt: "Implementation of the Patient Protection and Affordable Care Act (ACA) is well under way. Since its passage in 2010, a number of provisions have already taken effect and federal and several state governments are moving forward to implement the rest of the law's major provisions. The ACA holds the potential to expand women's access to health insurance coverage and includes other reforms designed to strengthen the existing health care system's ability to serve millions of women. Health care has long been a fundamental policy priority for women, reflecting their experiences with the health care system as patients, mothers, and caregivers for frail and disabled family members. This brief discusses the impact of the health reform law for women on their access to coverage, health care affordability, scope of benefits, reproductive health, and long-term care – all priority issues for women. Many of the important details that will shape how well the law improves coverage rates for women and ultimately, access to care, will depend on the regulations that continue to be promulgated by the Department of Health and Human Services (HHS), the choices that state policy makers will make regarding their Medicaid programs and new insurance exchanges, and in the end, the types of plans that are selected by women and their families."

<https://www.kff.org/report-section/health-reform-implications-for-womens-access-to-coverage-and-care-issue-brief/>

WOMEN, INCARCERATION, AND HEALTH

by Josiah D. Rich, Sandra C. Cortina, Zoe X. Uvin, and Dora M. Dumont (2013)

Written for practitioners working with justice-involved women, including policymakers and correctional staff, this paper highlights the importance of facilitating enrollment for healthcare for women under the ACA. Excerpt: "The ACA has great potential for criminal justice-involved women in two ways. First, it promises to vastly improve access to health care by reducing financial barriers to care. Most criminal justice-involved women with children under age 18 have Medicaid themselves, but a large number of women prisoners and partners of prisoners are uninsured. Some of them will become eligible for subsidized private insurance on the state exchanges under the ACA, and many more will become newly eligible for Medicaid under the expansion of coverage to childless adults under 138% of the federal poverty line, at least in those states adopting expanded eligibility guidelines. The criminal justice system can play a central role in this process, and it is in the interests of state, local, and correctional officials to do so. Policymakers and correctional administrators may or may not be concerned with prisoners' health per se, but they are increasingly preoccupied with the effects of rapidly escalating costs of correctional health care on their budgets. Because recidivism rates are high, even health problems that develop after release can become the responsibility of a correctional facility upon re-incarceration. Some administrators have proved willing to enter into partnerships with public health practitioners to utilize their institutional framework to capitalize on public health opportunities."

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935494/pdf/nihms552690.pdf>

Justice-Involved People and the ACA

CONNECTING THE JUSTICE-INVOLVED POPULATION TO MEDICAID COVERAGE AND CARE: FINDINGS FROM THREE STATES

by Jennifer Ryan, Lucy Pagel, Katy Smali, Samantha Artiga, Robin Rudowitz and Alexandra Gates (2016)

Excerpt: “This brief provides an overview of initiatives to connect the justice-involved population to Medicaid coverage and care in three states – Arizona, Connecticut, and Massachusetts. These states are leading efforts in these areas and provide key lessons about how to coordinate across health care and corrections and the potential of such initiatives to better link individuals to physical and behavioral health services. While their experiences to date point to important benefits stemming from these efforts, more time and data are needed to examine the effects on health and criminal justice outcomes.”

<http://files.kff.org/attachment/Issue-Brief-Connecting-the-Justice-Involved-Population-to-Medicaid-Coverage-and-Care>

HOW AND WHEN MEDICAID COVERS PEOPLE UNDER CORRECTIONAL SUPERVISION: NEW FEDERAL GUIDELINES CLARIFY AND REVISE LONG-STANDING POLICIES

by The Pew Charitable Trusts (2016)

Excerpt: “The Centers for Medicare & Medicaid Services (CMS), a unit of the U.S. Department of Health & Human Services (HHS), released new guidance in April 2016 on how states and localities may facilitate access to Medicaid coverage for individuals before, during, and after a correctional institution stay. In announcing these guidelines, HHS noted that Medicaid ‘connects individuals to the care they need once they are in the community and can help lower health care costs, hospitalizations and emergency department visits, as well as decrease mortality and recidivism for justice-involved individuals,’ people under community supervision (e.g., parole) or incarcerated in prisons or jails. This population has disproportionately high rates of physical and behavioral health illnesses. The guidelines reiterate and elaborate on long-standing policies pertaining to Medicaid coverage of inmates and remove some restrictions on covering certain individuals after release. This analysis, building on previous research conducted by The Pew Charitable Trusts, explains CMS’ latest communication, its practical impact for state and local policymaking, and how some jurisdictions have navigated this terrain.”

http://www.pewtrusts.org/~media/assets/2016/08/how_and_when_medicaid_covers_people_under_correctional_supervision.pdf

THE IMPORTANCE OF MEDICAID COVERAGE FOR CRIMINAL JUSTICE INVOLVED INDIVIDUALS REENTERING THEIR COMMUNITIES

by Jhamirah Howard, Madeleine Solan, Jessica Neptune, Linda Mellgren, Joel Dubenitz, and Kelsey Avery (2016)

Excerpt: “The Affordable Care Act (ACA) provides generous Federal support to states that elect to expand the Medicaid program to all adults with incomes below 133 percent of the Federal Poverty Level. This newly eligible group contains many people who are justice involved. More than one quarter of Americans have had some sort of encounter with the criminal justice system, mostly for relatively minor, non-violent offenses. Justice involved individuals have disproportionately high rates of chronic conditions, infectious disease, and behavioral health problems. This issue brief explains why Medicaid and access to the health benefits the program covers can play a key role in improving the health of these individuals, especially as they reenter society, as well as provide important benefits to their communities, including reduced recidivism.”

<https://aspe.hhs.gov/sites/default/files/pdf/201476/MedicaidJustice.pdf>

TO FACILITATE SUCCESSFUL RE-ENTRY FOR INDIVIDUALS TRANSITIONING FROM INCARCERATION TO THEIR COMMUNITIES [GUIDANCE LETTER]

by Vikki Wachino, Director, Department of Health & Human Services Center for Medicare & Medicaid Services (2016)

Excerpt: “The purpose of this letter and its attachment is to provide guidance on facilitating access to covered Medicaid services for eligible individuals prior to and after a stay in a correctional institution. This State Health Official Letter with attached Questions and Answers (Qs & As) describes how states can better facilitate access to Medicaid services for individuals transitioning from incarceration to their communities”

<https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>

TOOLKIT: STATE STRATEGIES TO ENROLL JUSTICE-INVOLVED INDIVIDUALS IN HEALTH COVERAGE

by Sarabeth Zemel, Anita Cardwell, and Chiara Corso (2015)

This resource is written for state systems practitioner to learn about best practices and strategies for effective enrollment to healthcare for justice-involved individuals. Excerpt: “Drawing on interviews with state officials, this toolkit highlights the efforts of selected states to enroll in health coverage individuals involved with the criminal justice system. The toolkit is designed to provide state officials with actionable information about policies and practices available to connect justice-involved individuals to health care coverage through Medicaid. . . . This toolkit does not provide a comprehensive examination of all states and their efforts to enroll this population in health coverage. Rather, it features information about efforts to enroll justice-involved individuals in seven states chosen for their varying enrollment strategies, as well as political and geographic diversity. The states include: Colorado, Illinois, New Mexico, Ohio, Rhode Island, Washington and Wisconsin. NASHP conducted telephone interviews with state officials from both Medicaid agencies and corrections departments from February to September of 2015. In all but one state, agency representatives were interviewed separately.”

<http://www.nashp.org/toolkit-state-strategies-to-enroll-justice-involved-individuals-in-health-coverage/>

AFFORDABLE CARE ACT: BUILDING HEALTHY AND SAFE COMMUNITIES – A PRIMER FOR ADVOCATES

by the American Civil Liberties Union of San Diego & Imperial Counties (2014)

Excerpt: “This document provides a starting point for advocates interested in maximizing the ACA’s community safety benefits at the county and state level. It is based on the experience of the ACLU of San Diego and Imperial Counties, which is working with local law enforcement, health agencies and community-based organizations to realize the ACA’s full potential for improving the health and safety of communities in our region. If you would like to learn more about the ACA, several useful resources are listed at the end of this document.”

<https://www.aclusandiego.org/wp-content/uploads/2014/04/Toolkit-ACA--CJ-web-final.pdf>

HEALTH COVERAGE AND CARE FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM: THE ROLE OF MEDICAID AND CHIP

by Leslie Acoca, Jessica Stephens, and Amanda Van Vleet (2014)

Excerpt: “The provision of comprehensive, coordinated physical and mental health services for girls and boys while they are in the juvenile justice system and in their communities and after release is important to their rehabilitation and reintegration into society. Given the low incomes of many of these youth, Medicaid has the potential to play an important role in financing these services. This brief provides an overview of the health and mental health needs of girls and boys in

the juvenile justice system and the role of Medicaid in addressing those needs. It focuses on the circumstances of those girls and boys who are placed in juvenile justice residential facilities, the discontinuity of Medicaid coverage for those youth, and the options for improving coverage, continuity of care and access to needed services post-discharge, including new opportunities provided by the Affordable Care Act.”

<https://www.kff.org/medicaid/issue-brief/health-coverage-and-care-for-youth-in-the-juvenile-justice-system-the-role-of-medicaid-and-chip/>

HEALTH REFORM AND PUBLIC SAFETY WEBINAR SERIES

by the National Institution of Corrections (2014)

Host Description: “With the advent of the Patient Protection and Affordable Care Act, it is possible for millions of low-income, justice-involved individuals to obtain health care or insurance coverage for their physical and behavioral health needs. This far reaching system change will affect every decision point in the criminal justice system, from arrest to reentry. Criminal Justice professionals and Health Care professionals alike have a role in helping these individuals determine eligibility and facilitate enrollment. NIC is pleased to offer a series of webinars that delve into health reform issues in a criminal justice or corrections setting. The series consists of three webinars.”

<http://community.nicic.gov/blogs/nic/archive/2016/01/21/nic-39-s-health-reform-and-public-safety-webinar-series.aspx>

Health Literacy: Enhancing Access to Health Care for Justice Involved Individuals

<http://info.nicic.gov/hrps/?q=node/26>

Eligibility and Enrollment How Does this Act Actually Work

<http://info.nicic.gov/hrps/?q=node/27>

Medicaid Administrative Claiming and Targeted Case Management: Opportunities for Public Safety

<http://info.nicic.gov/hrps/?q=node/25>

BEST PRACTICES FOR INCREASING ACCESS TO SSI/SSDI UPON EXITING CRIMINAL JUSTICE SETTINGS

by Dazara Ware and Deborah Dennis (2013)

Written for corrections and community-based program staff working with reentering people, this piece offers suggestions on how to help people with mental illness access their medical benefits. Excerpt: “People with mental illness face extraordinary barriers to successful reentry. Without access to benefits, they lack the funds to pay for essential mental health and related services as well as housing. The SSI/SSDI Outreach, Access and Recovery (SOAR) approach has been implemented in 50 states, and programmatic evidence demonstrates the approach is transferable to correctional settings. Acquiring SSA disability benefits and the accompanying Medicaid/Medicare benefit provides the foundation for reentry plans to succeed.”

<http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Best Practices CJ Systems.pdf>

FACILITATING ACCESS TO HEALTH CARE COVERAGE FOR JUVENILE JUSTICE-INVOLVED YOUTH

by Sarabeth Zemel, Kimm Mooney, Diane Justice, and Katie Baudouin (2013)

Executive Summary: “Youth involved in the juvenile justice system have extensive physical and behavior health needs. The majority have at least one mental health condition and substance abuse is also very common. Findings from a study of youth in residential settings found that two-thirds of youth in custody have a healthcare need. Medicaid can be important for juvenile justice-involved youth in both financing needed health care services and accessing needed care. Through opportunities presented under the Affordable Care Act (ACA), many Medicaid agencies are in the process of revamping their eligibility information technology systems and re-examining enrollment processes. With the establishment of the health insurance exchanges, states are also launching extensive outreach and consumer assistance programs for both public and private coverage. In

light of these activities, it is an opportune time for states to adopt eligibility, enrollment, and outreach processes that improve access to health coverage for juvenile justice-involved youth. This report outlines federal and state eligibility, enrollment, and outreach strategies that can help facilitate seamless coverage for system-involved youth. Adoption of these initiatives has the potential to improve the lives of juvenile justice-involved youth and their families, increase their ability to remain in the community, and ultimately, reduce recidivism. Key to the success of these strategies will be ongoing collaboration between the multiple state and federal agencies that interact with the juvenile justice population.”

[https://nashp.org/wp-content/uploads/sites/default/files/Facilitating Access to Health Care Coverage.pdf](https://nashp.org/wp-content/uploads/sites/default/files/Facilitating%20Access%20to%20Health%20Care%20Coverage.pdf)

STEPS TO MAXIMIZE HEALTHCARE REFORM FOR JUSTICE SYSTEMS – ENROLLING NEWLY-ELIGIBLE PARTICIPANTS (FOR COURTS AND CORRECTIONS SYSTEMS)

by the Center for Health and Justice (2013)

Author’s description: “The Affordable Care Act provides the opportunity to dramatically expand health coverage for low-income adults and requires that substance use disorders and mental health services be included in health plans. Justice leaders can leverage these opportunities to greatly expand treatment opportunities for justice-involved individuals by partnering with key state and local agencies working on health coverage and service expansion. To assist in this effort, the Justice & Health Collaborative has developed two documents, one for local court and probation agencies and one for corrections and parole agencies.”

Guide for Court Systems Professionals: This guide is not currently available on the website

<http://csgjusticecenter.org/courts/publications/steps-to-maximize-healthcare-reform-for-justice-systems-enrolling-newly-eligible-participants-court-systems/>

Guide for Corrections Systems Professionals

<http://csgjusticecenter.org/corrections/publications/steps-to-maximize-healthcare-reform-for-justice-systems-enrolling-newly-eligible-participants-corrections-systems/>

TEN WAYS TO LINK INDIVIDUALS INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM TO HEALTH INSURANCE: NEW RESOURCES FROM THE HEALTH INSURANCE MARKETPLACE

by the Centers for Medicare & Medicaid Services Health Insurance Marketplace (2013)

Excerpt: “As millions of Americans become eligible for new, affordable health insurance in 2014, state corrections departments can play a vital role in making sure prisoners and parolees learn about health coverage and get help applying. With health coverage, returning people are a step closer to gaining access to primary and behavioral health care services upon release. Individuals returning to the community from prison have higher rates of communicable disease and chronic conditions, such as mental illness and substance use disorders. Improving their access to health care services can help protect public health and safety.”

Information sheets have been customized for the following groups:

- **Jails**
<http://csgjusticecenter.org/wp-content/uploads/2013/12/2013-CMS-10-Ways-Jails-Can-Help-Make-Connections-to-Health-Insurance.pdf>
- **Corrections Systems**
<http://csgjusticecenter.org/wp-content/uploads/2013/12/2013-CMS-10-Ways-Corrections-Can-Link-Returning-Offender-to-Health-Insurance.pdf>

- **Probation & Parole Officers**
<http://csgjusticecenter.org/wp-content/uploads/2013/12/2013-CMS-10-Ways-Probation-and-Parole-Officers-Can-Help-Link-People-to-Health-Insurance.pdf>
- **Court Systems**
<http://csgjusticecenter.org/wp-content/uploads/2013/12/2013-CMS-10-Ways-Court-Systems-Can-Connect-Individual-to-Health-Insurance.pdf>

COUNTY JAILS AND THE AFFORDABLE CARE ACT: ENROLLING ELIGIBLE INDIVIDUALS IN HEALTH COVERAGE

by Anita Cardwell and Maeghan Gilmore (2012)

Excerpt: “In 2014 the Patient Protection and Affordable Care Act (ACA) will provide new health insurance coverage options for millions of individuals through an expansion of Medicaid eligibility and the establishment of state-based health insurance exchanges. This brief will examine ways that counties may be involved in eligibility determination and enrollment processes for these newly eligible individuals, focusing particularly on issues related to enrolling qualified individuals held in county jails as pre-adjudicated detainees and prisoners preparing to reenter the community. Specifically the brief will assess some of the potential issues and challenges county jail and human services staff may face in terms of enrollment procedures. The brief will also highlight examples of existing county-based enrollment strategies that may be able to serve as models for developing processes to enroll individuals in county jails who become newly eligible for health insurance coverage in 2014.”

https://www.naco.org/sites/default/files/documents/County-Jails-HealthCare_WebVersion.pdf

National Websites

The following websites are some of the organizations and agencies that offer additional resources related to the Affordable Care Act, health and prisoners, or other health-related websites that might provide additional useful resources to practitioners working with incarcerated or reentering justice-involved people.



CENTERS FOR MEDICARE AND MEDICAID SERVICES

Organization Description: “The Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS). Watch a [short video](#) to get to know about us and our work, mission, and vision. Or watch a [longer version](#) to also get to know the programs we administer including: Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace.”

<https://www.cms.gov/>

Resources for Special Populations

<https://marketplace.cms.gov/outreach-and-education/special-populations.html>

Understanding the Health Insurance Marketplace If You're Incarcerated

<https://marketplace.cms.gov/outreach-and-education/understanding-the-marketplace-if-incarcerated.pdf>

FEDERAL BUREAU OF PRISONS, HEALTH MANAGEMENT RESOURCES

Host Description: “This page supports the objectives of the Correctional Officers Health and Safety Act of 1998, which requires that the Attorney General and the Secretary of Health and Human Services provide guidelines for infectious disease prevention, detection, and treatment of inmates and correctional employees who face exposure to infectious diseases in correctional facilities.”

http://www.bop.gov/resources/health_care_mngmt.jsp

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Organization Description: “Today, NCCHC's leadership in setting standards for health services in correctional facilities is widely recognized. Established by the health, legal and corrections professions, NCCHC's Standards are recommendations for the management of a correctional health services system. Written in separate volumes for prisons, jails and juvenile confinement facilities, plus a manual for mental health services and another for opioid treatment programs, the Standards cover the areas of care and treatment, health records, administration, personnel and medical-legal issues. These essential resources have helped correctional and detention facilities improve the health of their inmates and the communities to which they return, increase the efficiency of health services delivery, strengthen organizational effectiveness and reduce the risk of adverse legal judgments. Building on that foundation, NCCHC offers a broad array of services and resources to help correctional health care systems provide efficient, high-quality care.”

<http://www.ncchc.org/>

NATIONAL INSTITUTE OF CORRECTIONS

Organization Description: “The National Institute of Corrections (NIC) is an agency within the U.S. Department of Justice, Federal Bureau of Prisons. The Institute is headed by a Director appointed by the U.S. Attorney General. A 16-member Advisory Board, also appointed by the Attorney General, was established by the enabling legislation (Public Law 93-415) to provide policy direction to the Institute.”

<http://nicic.gov/>

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Agency Description: “The U.S. Department of Health and Human Services (HHS) is the U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined.”

<http://www.hhs.gov/>