

Closing the Coverage Gap and Public Safety

By closing the coverage gap, the federal government would cover much of county inmate health care expenses.

70%

of inmates report SUD

65%

of inmates report symptoms
of mental illness¹

90%

of incarcerated individuals
lack health insurance
before incarceration AND
after release¹

North Carolina spent

\$6,923

per inmate

on healthcare in
FY 2014-2015²

**Improved health coverage would allow communities to treat mental illness
and addiction rather than incarcerating people.¹**



Unmet mental health/SUD needs



No health insurance



Limited job opportunities with
benefits



Arrest/Incarceration



Criminal Record

Recidivism rates were HIGHER among individuals that identified having substance use problems compared to individuals that did not identify substance use problems.³

**Savings from
Closing the
Coverage Gap
for Public
Safety²**

Less spending on inmate health care from ability to seek reimbursement for in-patient care in the community

Reduction in recidivism rates as a result of individuals' ability to seek treatment and services after release

Fewer new entrants into jails and prisons due to increased access to mental health and substance use services

By closing the health insurance coverage gap, North Carolina would have the ability to treat mental illness and addiction rather than incarcerating.¹

Sources

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2. Guyer, J., Bachrach, D., Shine, N., & Solutions, M. H. (2015). Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States. Retrieved from www.rwjf.org.
3. Hall, M. (2017). Correctional Program Evaluation Offenders Placed on Probation or Released from Prison Fiscal Year 2017 The Honorable Charlie Brown Chairman. Retrieved from www.NCSPAC.org

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