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In New State Law, a Wait-Free Return to Medicaid Rolls After Prison

By CASSI FELDMAN

When Rufus Dantzler was released from a [New York State](#) prison in 2004 after serving 14 years for murder, he was ordered by the state's parole office to get treatment for alcoholism and marijuana abuse.

But when he arrived at the program, which was run by Greenwich House, a nonprofit group in Manhattan, he was told that he would have to pay for treatment because his Medicaid coverage had not yet started.

Without a job, that was simply not an option, said Mr. Dantzler, who was convicted of killing a family friend in Harlem in 1989. "I just walked right out," he said.

Because Medicaid, which provides health care to people of limited means, does not cover anyone in jail or prison, inmates like Mr. Dantzler who were enrolled before their incarceration had to reapply after their release, a process that took as long as three months.

That gap left many former prisoners with no choice but to forgo medical care, even in cases of serious illnesses or addiction. Officials are concerned that without help, former inmates addicted to drugs or alcohol could return to behavior that could land them back in jail.

But after months of lobbying by the Bloomberg administration and criminal justice advocates, the State Legislature passed a bill signed by Gov. [Eliot Spitzer](#) last week that eliminates the wait. It allows prisoners in New York to suspend their Medicaid coverage while incarcerated, then have it immediately reinstated once they are released.

"A person who is receiving Medicaid on the day they get arrested is no less in need of Medicaid the day they get out," said Martin F. Horn, the commissioner of the city's Department of Correction.

Mr. Dantzler, now 34, put his treatment on hold for two months while he waited for Medicaid. After receiving counseling from Greenwich House and Palladia Inc., another nonprofit group, he hopes to become a peer counselor for other former inmates.

Sheryl Sohn spent 25 years at the Bedford Hills Correctional Facility for her role in a botched robbery that resulted in the killing of her parents. After seven years in prison, she learned that she had an advanced case of hepatitis C that had ravaged her liver. Prison doctors prescribed medicine to ease her symptoms and put her on a liver transplant list.

When Ms. Sohn, 49, was released last December, she said a pharmacist at a CVS drugstore told her that she would have to pay for the medication. She was told the same thing when she tried to have her prescription filled at Kings County Medical Center in Brooklyn.

“I could have gone into liver failure at any time,” she said.

For a month, Ms. Sohn went without the drugs she needed, even as her body grew achy, itchy and bloated. Just as bad, she said, were the related bouts of lethargy and depression. She eventually checked herself into the SUNY Health Science Center at Brooklyn, and, in May, had a liver transplant at Mount Sinai Hospital. The new law would have helped Ms. Sohn, but not those who enter prison without Medicaid.

“The next step is to go beyond suspension to make sure that every person leaving prison has health care coverage, regardless of whether or not they had it before,” said Tamar Kraft-Stolar, director of the Women in Prison Project at the Correctional Association of New York.

Lorraine Patterson-Greene did not have Medicaid before she was sent to prison in 2001 for selling drugs. When she was paroled in 2004, she left prison with dangerously high blood pressure and was taking medication to bring it down. During the three months she waited for her Medicaid to begin, she said, she went to a hospital emergency room six times to get free blood pressure pills. “I was really scared,” said Ms. Patterson-Greene, 49. “It increased my stress level, not having easy access to my medication.”

She was also frustrated that her status as a parolee did not entitle her to better care. “I was still a ward of the state at that time,” she said. “You locked me up for a nickel bag of crack. I’m still on your roll.”

Criminal justice advocates used stories of former inmates like these to underscore the importance of making Medicaid more available to others. In meetings with state legislators, they pointed to programs for prisoners with mental illness or [H.I.V.](#) that ensure treatment is not disrupted upon release. They also argued that the cost of emergency room visits for former prisoners was a drain on city finances, and that unmet health needs could lead to a return to criminal activity.

“When people come out of jail or come out of prison, the more barriers you put between them and a successful re-entry, the higher a rate of failure they’re going to have,” said JoAnne Page, president of the Fortune Society, a nonprofit group that helps prisoners and former inmates.

For those seeking drug treatment, she said, even a short delay can result in a new crime. “People come when they’re willing,” Ms. Page said. “You can’t say, ‘Come back tomorrow.’ ”