

Change Starts With You



An Action Guide to Promote Equity
in Health and Opportunity for
Justice-Impacted Individuals

Background

The Legal Action Center's No Health = No Justice Initiative works to realize a vision where health care is provided to all, people are no longer criminalized for conditions related to their health, racial inequities no longer exist in our health care or legal systems, and everyone can fully participate in society.

We believe this will only be achieved by ending punitive responses to substance use and mental health conditions, eliminating policies and practices that foster mass criminalization, incarceration, and perpetual punishment, and building community health care systems that equitably and comprehensively respond to people's varied health needs.

This document is informational and does not constitute legal advice. This document is intended to serve as a resource for as many people as possible. To learn LAC's criteria for reproduction and distribution, please visit www.lac.org/page/reproduction-distribution.

Why It Matters

Many incarcerated individuals, including young people, are living with a substance use disorder (SUD), mental health (MH) condition, and/or trauma, and the majority of these individuals will return to communities after completing their sentences. More funding and support are needed to improve access to treatment and care for SUDs, including medication assisted treatment (MAT), not only for people involved in the criminal legal system, but also for everyone who may need it.

Prioritizing care, treatment, preventive, and harm reduction services would reduce the risk of recidivism as well as overdose and death. Instead of being reactive, we need decision-makers to prioritize intervention and prevention strategies that ensure people are appropriately deflected from the carceral system and proactively address the myriad root causes that lead to the social, economic, environmental, psychological, and biological challenges and harms disproportionately experienced by Black and brown people across the country, and which often lead to their entanglement in the criminal legal system.

Additionally, to ensure formerly incarcerated and other individuals with convictions can overcome their pasts, move forward with their lives, and fully participate in society, we must be informed of, advocate for, and promote policies that eliminate the many discriminatory barriers justice-impacted people face when seeking quality health care, safe and permanent housing, higher education, employment with opportunities for advancement, and opportunities to exercise their civil rights.

We Need Your Help

to achieve the following objectives, as detailed in our report, “Unchaining Civil Rights through Quality Health Services and Care”:

- 1** End policies that drive mass criminalization and incarceration of Black, Indigenous, and People of Color, as well as other marginalized groups.
- 2** Transform the health care system to effectively promote the concepts that SUDs and mental illness be addressed as chronic diseases that require culturally effective, evidence-based treatment, and that harm reduction practices focused solely on an individual’s health and wellbeing are effective and should be expanded.
- 3** Expand and improve access to health care, including preventive care, and ensure services are culturally and linguistically effective to eliminate racial disparities in health outcomes.
- 4** Establish diversion to community-based treatment as the primary goal at all phases of the criminal legal system—pre-arrest, pre-trial, pre-adjudication, and post-adjudication—with an emphasis on the earliest opportunities for diversion.

- 5 Reject the use of arrest and conviction records as a surrogate for race-based discrimination and enhance civil rights protections to prevent discrimination in employment, housing, education, and other necessities of life against people with convictions.
- 6 Reshape the criminal legal system, so that it is person-centered and prioritizes rehabilitation, restoration, and recovery through an array of alternatives to arrest, prosecution, incarceration, and supervision.
- 7 Strengthen community reentry for people leaving incarceration so they have jobs that pay living wages with opportunities for growth, safe, secure, and affordable housing, sufficient health care coverage, and access to affordable, evidence-based care.

Below, we have outlined a list of policies and practices to improve health care access for people with substance use and MH conditions and/or who are involved in the criminal legal system. There are also suggested ACTIONS to inform and guide your efforts and promote civic engagement in each area.

Voting Rights

SUPPORTING VOTING RIGHTS FOR FORMERLY & CURRENTLY INCARCERATED INDIVIDUALS

Although voting laws vary by state, approximately 5 million Americans are unable to vote due to having a felony conviction record, even after completing their sentence. We believe that people's right to vote should not be taken away **at all**, regardless of conviction, and that people should be allowed to vote while incarcerated. In the meantime, all states should automatically restore the right to vote for all individuals with convictions.

Additionally, the lack of voter knowledge about eligibility, registration processes, and how to exercise their voting rights prevents many formerly incarcerated and convicted individuals who are legally eligible to vote from doing so. For example, although in Maine, Puerto Rico, Vermont, and Washington, D.C., a conviction record never restricts someone's voting rights and incarcerated individuals can vote, many people may not know this. Statewide initiatives are needed to ensure all formerly incarcerated people understand their voting rights.

ACTION YOU CAN TAKE

Do you know if people with records can vote in your state? Check out this [resource guide from the U.S. Department of Justice, Civil Rights Division and the National Conference of State Legislatures' resource page on voting restoration.](#) Also, you can join [national](#) and local campaigns to eliminate felony voter disenfranchisement.

Lastly, be sure to research candidates' platforms related to voting rights and other issues discussed in this guide before you head to the polls!

Health

ELIMINATING SYSTEMIC RACISM & RACIALIZED DISPARITIES IN OUR HEALTH CARE SYSTEM

The existence of systemic racism in the United States' health care delivery system and the underlying health policies and responses to health-related crises (i.e., the HIV/AIDS epidemic and rising infant/maternal mortality rates) is well documented. Whether this racism is intentional and overtly discriminatory, reflective of an indifference, or stemming from actions or inactions that may not have appeared to be intentionally biased but yield inequitable results, there are a multitude of laws, policies, and practices that should be reformed to eliminate the disproportionate harm wrought on members of Black, brown, and Indigenous communities.

As it relates to substance use treatment, for example, there are many documented cases in which an individual's race, economic status, and/or geographic location played a role in whether the person was punished for their substance use or treated for it. These factors also influence the type and quality of care available to them, including harm reduction services, as well as the autonomy they have over their bodies.

ACTION YOU CAN TAKE

Think about the types of healthcare services that are needed in your community. Make a list of nonprofit organizations, local leaders, and elected officials to have discussions with about these needs. There are many local, state, and national health-focused nonprofits that you can find online and connect with based on the specific health issues that you care most about. These organizations typically have education and advocacy events that community members can participate in (you can find examples of such organizations in our section on expanding Medicaid eligibility below).

Additionally, you can use this [resource from Healthline](#) to learn more about how to advocate for health equity both in your community and in your personal life. Moreover, this [self-care guide from the Black Women's Health Imperative](#) is also a helpful resource for those seeking to prevent and control diabetes.

EXPANDING MEDICAID ELIGIBILITY

As our country faces multiple health crises, including the overdose epidemic and the re-emergence of infectious diseases, the fight to fill the health insurance coverage gap is critical. Medicaid is a federal public insurance program that states administer to provide health care coverage and services for certain low-income populations and people with disabilities. The Affordable Care Act (ACA) has significantly increased people's access to health care and reduced uninsured rates among people with low incomes by permitting states to extend Medicaid coverage to more people. However, not all states have expanded their Medicaid eligibility requirements.

Ensuring more people have access to health care coverage means more people can access and afford care, which positively impacts engagement in the health care system for patients and providers. Medicaid expansion has helped specifically with increasing access to opioid and other substance use treatment services proven to save lives. Ensuring strong coverage of and access to all evidence-based prevention, treatment, and recovery support services and medications for substance use and mental disorders in all public (including Medicaid and Medicare) and private insurance is key to combating the overdose epidemic, rising MH needs, and the threat of emerging/re-emerging infectious disease outbreaks that our nation faces today.

ACTION YOU CAN TAKE

[Click here](#) to learn whether your state has expanded Medicaid eligibility. You can also check out the [Center on Budget and Policy Priorities' Frequently Asked Questions about Medicaid Expansion](#) and/or check out this [resource from Healthcare.gov](#) for more general information.

If you live in a [southern state](#) that has not expanded Medicaid eligibility, check out [Southerners for Medicaid Expansion](#). If you are in Georgia, check out and join the [Cover Georgia coalition](#), coordinated by [Georgians for a Healthy Future](#) (this broad coalition of community stakeholders and advocates from across the state work to ensure all Georgians, regardless of income or background, get the health coverage and care they need). If you live in Alabama, you can follow the [Cover Alabama](#) coalition to stay informed and engaged in efforts there. Lastly, for those living in Mississippi, [Care4Mississippi](#) is a great resource for those who would like to get involved in direct action opportunities in that state.

There may be additional campaigns that you can join in your state to close the Medicaid coverage gap. Additionally, to learn more about how you and those you love can access MH and SUD services, please view this [resource released by the Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

PROTECTING MEDICAID ENROLLEES FROM HARMFUL POLICIES i.e., WORK REQUIREMENTS, FUNDING CUTS, & TIME LIMITS OR OTHER PROVISIONS THAT LIMIT PEOPLE'S ACCESS TO THE PROGRAM

Contrary to the stigmatizing myth, the majority of adult Medicaid beneficiaries are employed. However, some individuals experience employment barriers, which make it difficult for them to work full time, such as having a disability, caring for a family member with a disability, and/or working for employers who require inflexible work schedules. In addition, some Medicaid enrollees may work at low-wage jobs that do not offer employer-based health insurance. Similarly, individuals with conviction records often face discrimination in the labor market and have trouble obtaining employment that offers health insurance and other benefits.

The federal government is encouraging states to use certain Medicaid waiver programs to improve care for oft-excluded populations. Instead though, some states have used harmful eligibility criteria, like strict work requirements and/or limiting the amount of time that people can access Medicaid, which inevitably makes it more difficult for people to afford lifesaving health care, not to mention food and housing. Work requirements disproportionately harm people with histories of criminal legal system involvement, substance use, mental illness, and other disabilities, as they already face discriminatory barriers to employment. Currently, Georgia is the only state that has a work requirement as part of its Medicaid program, despite having expanded its eligibility requirements in other ways.

ACTION YOU CAN TAKE

If you live in a state that has not expanded Medicaid eligibility requirements, be sure to advocate for full expansion of the Medicaid program and fight against any proposals to impose hardships on Medicaid beneficiaries. See the previous **ACTION** section for more information and useful resources. We also encourage you to share with your family, community members, and local leaders why limiting access to Medicaid hurts everyone. Each of us needs access to health care and coverage to ensure that our shared communities at large are healthy.

IMPROVING THE CONTINUITY OF HEALTH CARE FOR INCARCERATED INDIVIDUALS UPON RELEASE

Health care must be integrated into public safety strategies, including crisis response services, alternative to incarceration programs, and other types of sentencing reforms such as diversion opportunities. Moreover, because the risk of death for individuals post-release is significantly greater compared to the general population, people who are incarcerated would benefit greatly from being seamlessly connected to health care upon release. Although federal law precludes federal Medicaid dollars from financing health care for incarcerated individuals, there have recently been several reforms that promise to strengthen health coverage and access to care for young people and adults preparing to return home from incarceration.

Per a new federal law, health coverage and certain preventive screenings and services must be available to young people before they return home. While this new change only applies to youth, states can apply for another opportunity called Medicaid Reentry to connect formerly incarcerated people to Medicaid coverage and health services upon release. On April 17, 2023, the U.S. Department of Health & Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) released a State Medicaid Director guidance letter outlining the Medicaid Reentry opportunity in which states can apply for and develop innovative Section 1115 demonstration projects to use federal Medicaid funds to pay for transitional health care services as people return home from prison and jail. This first-of-its-kind opportunity to strengthen care transitions for people preparing to leave incarceration can reduce recidivism and improve their health outcomes from chronic and acute illnesses, including reducing their risk of overdose and exposure to blood-borne diseases post-release. To date, 20 states have Medicaid Reentry waiver applications awaiting CMS approval, 4 states have approved waivers, and many more states are developing proposals.

ACTION YOU CAN TAKE

Has your state applied for a 1115 Medicaid Reentry waiver? Find out at Medicaid.gov. If your state is applying for a waiver that could improve health care access and outcomes for specific populations, there may be opportunities for you to provide input on how the pending waiver is structured. If you are interested in learning how to advocate for this in your state, email Legal Action Center at lacinfo@lac.org with the subject line: "Help with 1115 Medicaid Reentry Waiver."

INCREASING ACCESS TO HARM REDUCTION EDUCATION & SERVICES

In addition to public education on overdose prevention (including naloxone) and increased access to medication for addiction treatment (aka medication assisted treatment or MAT), harm reduction services should also be expanded to save lives, combat growing overdose rates, and improve the overall health of people who use drugs. While the overdose epidemic has impacted diverse communities nationwide, the latest data shows that opioid overdose deaths for Black people in America have skyrocketed, and for younger Black Americans, deaths have almost doubled. It is thus imperative that we ensure ALL individuals can access the full range of tools and resources proven to prevent overdose deaths.

In addition to the heartbreaking death toll, the opioid-related overdose epidemic has been labeled a national public health crisis due to the associated threat of increased rates of HIV, viral hepatitis, and other blood-borne disease transmissions. Localities need evidence-based programs, including overdose prevention centers, that are staffed by health professionals, case management specialists, and trained peers that provide services to reduce the harms related to substance use. These services include: providing sterile syringes to help stem the spread of disease; assisting in the event of an opioid overdose through naloxone and/or oxygen administration and calling for emergency medical services; and/or referring program participants to ongoing treatment and other community support services that provide food, clothing, hygiene items, and housing support. These programs are particularly critical to saving young people's lives as research shows that residential addiction treatment centers caring for adolescents under 18 years old in the United States are limited and costly, but desperately needed.

ACTION YOU CAN TAKE

To learn more, visit the National Harm Reduction Coalition website, which outlines the principles of harm reduction. Also, if you would like to learn about the newly launched National Black Harm Reduction Network that supports Black advocates who are harm reductionists, click here.

MAKING AVAILABLE ALL EFFECTIVE MEDICATIONS FOR OPIOID USE DISORDER

There are 3 FDA–approved medications that have been demonstrated to be effective in treating opioid addiction: methadone, buprenorphine, and injectable naltrexone. Despite their effectiveness, they are extremely underutilized. Medication for opioid use disorder (MOUD), also commonly referred to as MAT, is the evidence–based standard of care treatment for opioid use disorder (OUD). These treatments are offered with counseling and behavioral therapies to provide a whole–patient approach to treatment. Specifically, the medications block the euphoric effects of opioids, relieve physiological cravings, and improve physical and mental health.

Numerous studies have shown that MOUD reduces illicit opioid use, the risks of overdose and death, disease rates, and criminal legal system involvement. Despite overwhelming evidence of MOUD’s benefits, barriers to accessing these medications persist, including through: inadequate health care coverage and regulatory and bureaucratic barriers erected by private and public insurers; widespread lack of understanding around these medications; and pervasive stigma against individuals with SUDs.

Moreover, though the rates of increase in opioid overdose deaths have been rising more steeply among Blacks (43%) than whites (22%) over the last 5 years, only 8% of patients being treated with MOUD were Black, while just 6% were Hispanic, compared to more than 84% of patients who were white. It’s also incredibly important to note that abstinence–only based treatment is dangerous and presents a high risk of overdose. All patients need access to MOUD and should be able to choose which of the 3 medications is the best option for them.

ACTION YOU CAN TAKE

Click here for a resource from SAMHSA, the agency within HHS that leads public health efforts to advance overdose prevention and MH care in the nation, to learn more about MOUD. Additionally, Legal Action Center has created an advocacy toolkit that can help people fight for their right to access MOUD.

ENFORCING THE MENTAL HEALTH PARITY & ADDICTION EQUITY ACT TO ENSURE EQUITABLE ACCESS TO CARE

SUD and mental illness are treatable health conditions, for which people deserve and have a right to access care in the same way they can access care for other medical conditions. People rely on health insurance to afford treatment, and when insurance does not cover these conditions in a way that is equitable, it restricts people's access to lifesaving care, reinforces the stigma against people with these conditions, and perpetuates systemic discrimination against them.

The federal Mental Health Parity and Addiction Equity Act (Parity Act) is an anti-discrimination law that requires most health insurance plans to cover SUD and MH benefits in a way that is comparable to how they cover medical and surgical benefits. However, most health insurance companies are failing to comply with this law, preventing people from getting the treatment they need, when they need it most. For example, many people often have a harder time finding an opioid treatment program or an MH counselor that will take their insurance than a dialysis center or a cancer specialist. Substance use and MH treatment are more frequently denied, delayed, or otherwise limited by insurers, and people are often even told to try and fail at a lower level of care or use a different medication before their insurance will pay for the treatment first recommended by their provider. These discriminatory practices are illegal under the Parity Act, but due to resistance from health insurance companies and a lack of meaningful enforcement by states, the full potential of the law has yet to be realized.

ACTION YOU CAN TAKE

Use Legal Action Center's "Health Insurance for Addiction & Mental Health Care: A Guide to the Federal Parity Law" and Red Flags infographic, along with the Department of Labor's "Know Your Rights: Parity For Mental Health And Substance Use Disorder Benefits" resource to learn more about your rights under the Parity Act.

Additionally, you should advocate to your state department of insurance and state Medicaid agency to review their health insurance plans' parity analyses (which they are required to conduct and document) and hold insurers accountable for discriminatory practices and/or failure to submit complete analyses.

Lastly, you can submit a complaint to your state department of insurance or state Medicaid agency (or the Department of Labor, if you have employer-sponsored health insurance) when you face barriers to getting the substance use or MH treatment you need. They can investigate your insurance company for potential Parity Act violations and help resolve your issue. For example, New York State's Community Health Access to Addiction and Mental Health Care Project (CHAMP) operates a free and confidential statewide helpline (1-888-614-5400) and partners with local organizations to help patients, caretakers, providers, and anyone else who is facing issues accessing care because of their insurance. CHAMP is a community-focused project established in partnership with community-based organizations, including the Community Service Society of New York, Legal Action Center, the New York State Council for Community Behavioral Healthcare, and the Medicare Rights Center. If your state does not have a similar ombuds office that operates with community-based organizations and represents community voices, email Legal Action Center at lacinfo@lac.org with the subject line: "Help with advocating for CHAMP in my state."

BUILDING HEALTH EQUITY BY SUPPORTING REPRODUCTIVE JUSTICE PRINCIPLES & SERVICES

The concept of Reproductive Justice was created in 1994 by Women of African Descent for Reproductive Justice, a group of women of color, indigenous women, and trans people, to provide an intersectional perspective on reproductive rights, social justice, and human rights having recognized that the mainstream middle-class and wealthy white women's rights movement failed to reflect the needs of the most marginalized women, families, and communities. In 1997, SisterSong Women of Color Reproductive Justice Collective further defined the reproductive justice framework to be a multi-ethnic reproductive justice movement fighting for "the . . .right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

Subsequently, in 2023, In Our Own Voice: National Black Women's Reproductive Justice Agenda (comprised of the Black Women's Health Imperative, Interfaith Voices for Reproductive Justice, SisterLove, and over 30 Black women's organizations and reproductive justice advocates) released a national Black Reproductive Justice Policy Agenda describing comprehensive policy solutions based on a reproductive justice framework that reflects the experiences of Black women, girls, and gender-expansive individuals in the United States. It also identifies contemporary and pressing issues and details policy recommendations on health equity, care, and access (i.e., maternal health and pregnancy care, health care for incarcerated people, access to abortion care, behavioral and MH care, and contraceptive equity), and social justice, community justice, and safety (i.e., police justice, LGBTQIA+ liberation, housing justice, and gender-based violence).

Currently, various developments in federal and state laws have impacted many reproductive health care policies and practices, and, in many cases, restricted access to the appropriate standard-of-care health services that people should receive when seeking reproductive health care, with a disproportionate and negative impact on Black and brown communities across the country. Moreover, reproductive health and rights for incarcerated and formerly incarcerated people remain under threat as access to appropriate care is often limited or not provided at all.

ACTION YOU CAN TAKE

With the framework of reproductive justice in mind, stay informed about the range of health care information and services that individuals with certain health conditions should receive, what barriers exist to these services, and how to legally access and advocate for them. You can also support incarcerated and formerly incarcerated people's movement for reproductive justice by connecting with RestoreHER US America.

Additionally, the Academy of Perinatal Harm Reduction released a Pregnancy and Harm Reduction Toolkit that may be helpful. It is important that pregnant people know how to advocate for themselves—this is especially true for those who are Black, considering the Black maternal and infant mortality rates. Please share this Pregnancy Self Advocacy Tips for Black Women resource with the pregnant and birthing people in your life.

Lastly, for legal services needs related to reproductive health issues (and laws in your state), please visit the Repro Legal Help Line. For overall health care services, there are resources available to help you find a community health center near you. For a list of organizations with LGBTQI+ health resources, refer to the Yale School of Medicine's link here.

Housing

PROMOTING FAIR HOUSING FOR PEOPLE WITH CONVICTION RECORDS

Everyone deserves access to safe, affordable, and quality housing in their community that meets their specific needs (i.e., transitional housing, permanent supportive housing, etc.). Unfortunately, a lack of affordable housing and widespread discrimination in this country limits individuals' access. Moreover, people with arrest and conviction records face additional barriers when accessing housing, solely due to discrimination based on their records. Even people who have been to prison just once experience homelessness at a rate nearly 7 times higher than the general public.

Conviction record restrictions for public and private housing have been an accepted and arbitrarily enforced practice across the country for decades, leaving many young people and parents who have been caught in the web of the criminal legal system either unhoused or separated from their families. These restrictions, which have historically served as a proxy for race-based discrimination, only exacerbate the struggle to find safe and stable housing for people living below the federal poverty threshold.

The restrictions appear in a range of housing types, including rental housing, student campus housing, federal and public housing under U.S. Department of Housing and Urban Development (HUD) programs, temporary housing at motels and hotels, some congregate sheltered settings, and of course, with the sale and purchase of houses. Barriers to housing can come in the form of non-income-based restrictions to qualifying for housing supports, extensive background checks as part of rental and public housing applications, denial of fair housing law protections, unfair and deceptive eviction and housing forfeiture practices, and arbitrary denials of rental or sale of property.

Appreciating the enormous difficulties and dangers associated with being unhoused, HUD recently released a proposed rule that would require Public Housing Authorities and private owners who benefit from HUD vouchers and other rental assistance programs to conduct individualized assessments when making housing decisions. This proposed regulation would consider mitigating factors when providing housing to individuals with arrest or conviction records to minimize unnecessary exclusions and increasing rates of homelessness.

ACTION YOU CAN TAKE

Learn more about the barriers that people with records face when accessing housing on our blog in "[Housing is the Solution](#)," read our [2023 recommendations to HUD](#) on how to eliminate those barriers, and/or read our [comments submitted to HUD](#) regarding their latest proposed rule. You can also check out this [Communities Can Better Prevent Homelessness through Housing- and Justice-System Partnerships](#) resource. You can also join the fight for [fair chance housing](#) policies in your local community and take action with the [Redress Movement](#) against racial segregation in housing.

Education

EXPANDING HIGHER EDUCATION OPPORTUNITIES FOR INCARCERATED & FORMERLY INCARCERATED INDIVIDUALS

Although the U.S. Department of Education has made education and reentry programs for incarcerated and formerly incarcerated individuals a top policy priority in recent years, less than 4% of formerly incarcerated individuals graduate from college, compared to a national average of 29%. Colleges and universities should have fair admissions policies that consider a student's suitability for admission in its entirety, including factors such as when a criminal conviction occurred and evidence of the student's rehabilitation, rather than blanket conviction record bans.

Educational institutions should also foster an inclusive campus environment for students by "challenging deficit-perspectives, advocating for students' needs, and sharing relevant resources, including housing support and advising services."

Higher education lowers recidivism rates, which creates cost savings associated with carceral systems, thus increasing overall tax revenue. Moreover, denying people with conviction histories access to higher education undermines their successful reintegration and rehabilitative efforts and prevents people from achieving upward mobility and fulfilling their full potential.

ACTION YOU CAN TAKE

[Click here](#) to learn more about education discrimination. If you are interested in learning how to advocate for better admission practices in your public education system, email Legal Action Center at lacinfo@lac.org with the subject line: "Help with Higher Education Admission."

EMPLOYMENT & LICENSING

CREATING MORE & BETTER OPPORTUNITIES FOR EMPLOYMENT & OCCUPATIONAL LICENSING

Employment discrimination based solely on an applicant having a conviction record should be prohibited, but most states allow employers to refuse to hire people with arrest and conviction records. These policies can affect not only individuals who have been convicted, but also those who were arrested but never convicted. Not hiring or considering anyone with any type of arrest or conviction record locks out many qualified individuals from the job market.

Advocacy to “Ban the Box,” a policy and employment practice that delays when an employer can ask about an applicant’s conviction history gives qualified individuals with records a better chance to fairly compete for a job. Combating stigma and arrest and conviction record-based stereotypes is also necessary as some employers are reluctant to hire based on a fear of negligent liability. However, research shows that this fear is unsubstantiated because, for a vast majority of jobs, there is very little risk of liability when hiring someone with a conviction history.

Additionally, some occupational licensing agencies may be able to disqualify an individual with a conviction record without considering their proof of rehabilitation, or whether the offense(s) relates directly to the individual’s ability to perform the job. Occupational licensing restrictions for individuals with records should be eliminated in circumstances when a record does not directly relate to the duties and responsibilities of an occupation or profession someone is applying for.

Expanding and strengthening employment opportunities for people with arrest and conviction histories through law, policy, and practice changes will not only help individual jobseekers but their families and communities as well. Finally, such efforts can help address the ongoing labor shortages the country is experiencing and boost our economy at large.

ACTION YOU CAN TAKE

[Click here](#) for the Collateral Consequences Resource Center’s “50-State Comparison: Limits on Use of Criminal Record in Employment, Licensing & Housing.” Additionally, Legal Action Center offers the New York-specific webinar “[Applying for Occupational and Professional Licenses with a Conviction Record](#)” and also provides [free legal help to New Yorkers with conviction records](#) who are trying to obtain professional licenses. If you are interested in learning how to advocate for better employment and licensing policies in your state, email Legal Action Center at lacinfo@lac.org with the subject line: “Help with Employment and Licensing Policy.”

AUTOMATIC SEALING OR EXPUNGEMENT OF ARREST AND CONVICTION RECORDS

ADVANCING CLEAN SLATE

Sealing or expunging arrest and conviction records (sometimes referenced as clearance of a record) can eliminate some of the most formidable barriers to life's necessities for millions of individuals who seek to rebuild their lives, support their families, and participate meaningfully in their communities free from stigma based on their past conviction record.

Note that the terms “seal,” “expunge,” “set aside,” “clear,” and “purge” are sometimes used interchangeably, although depending on the state law, they can have very different meanings. “Sealing” technically means that access to a record is limited, but the record is not usually erased or destroyed. “Expunging” or “purging” technically means that the record is completely destroyed.

Clean Slate is a national movement to ensure people automatically receive full or partial record clearance (which can also be described as record suppression) once they have completed their sentence and remain crime-free for a specified period of time. Through technological solutions that streamline a state's existing petition-based clearance process, Clean Slate aims to simplify records clearance and ensure all eligible individuals benefit.

Research shows that very few people who are legally eligible to apply for and receive expungement/sealing ever do because of lack of knowledge about the law, having to navigate daunting bureaucratic and judicial processes, and/or the financial costs of pursuing clearance. Reducing the number of years an individual who has completed their sentence has to wait to clear their record and eliminating arduous and costly judicial processes for individuals who have demonstrated rehabilitation has appealed to legislators in 12 states, including New York, leading to the enactment of Clean Slate laws. More progress in this direction is necessary.

ACTION YOU CAN TAKE


Learn more about the national Clean Slate Initiative, which partners with organizations in states to build momentum toward passing Clean Slate legislation or to support the implementation of laws already enacted. Review resources here.



An initiative by the Legal Action Center

The Legal Action Center (LAC) uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with arrest and conviction records, substance use disorders, and HIV or AIDS.

 www.lac.org

 www.linkedin.com/company/legal-action-center

 www.facebook.com/legalactioncenter

 www.x.com/lac_news

 www.instagram.com/legalactioncenter

 www.youtube.com/@legalactioncenter

New York Office

225 Varick Street, 4th Floor
New York, NY 10014

Phone # (212) 243-1313

Toll-free # (800) 223-4044

Fax # (212) 675-0286

Washington, D.C. Office

810 1st Street, NE, Suite 200
Washington, DC 20002

Phone # (202) 544-5478

Fax # (202) 544-5712

LAC **LEGAL ACTION CENTER**
Breaking Barriers. Defending Dignity.