

Is Your Jail Ready for 2026? Five Critical Health Care Compliance Changes You Need to Know

Article

Amundsen Davis Health Care Alert

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If you manage or provide health care in an Illinois jail, 2026 brings significant changes affecting your operations. These are not minor adjustments, either; they are fundamental shifts in standards, federal requirements, and legal expectations. Here is what is coming and how to prepare.

1. New National Standards Take Effect January 1

The National Commission on Correctional Health Care (NCCHC) launches updated standards for jails and prisons on January 1, 2026, emphasizing better documentation, stronger mental health screening, and comprehensive chronic disease management. While NCCHC is an accrediting body, not a government regulatory agency, adherence to its standards is a crucial benchmark for legally adequate healthcare in a correctional setting.

Although NCCHC does not fine facilities for failing to meet its standards, the failure to do so can expose you to significant and potentially costly legal and operational risk. Compliance with NCCHC standards is considered "powerful evidence" and "substantial evidence of adequate medical care" in legal cases.

Facilities that do not meet these recognized standards face a higher risk of lawsuits from incarcerated individuals. Many private healthcare vendors and government programs require facilities to maintain specific accreditations (like NCCHC) to be eligible for contracts or funding. Loss of accreditation can lead to the termination of these agreements.

In some cases, severe violations of state or federal health care regulations (which often align with NCCHC standards) can result in civil monetary penalties imposed by regulatory bodies like the Department of Health and Human Services (HHS) or state agencies.

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ACTION STEPS:

- Compare current processes against new standards to identify gaps.
- Focus on mental health screening procedures and care documentation.
- Conduct a practice audit before year end better to find problems yourself than have auditors discover them later.

2. Medicaid Suspension Becomes Federal Law on January 1

Starting January 1, 2026, federal law will require states to suspend (not cancel) Medicaid coverage for individuals upon incarceration. Suspension, rather than termination, allows medical benefits to be reinstated more quickly when an individual is released. Illinois facilities like Cook County Department of Corrections are already enrolling people in Medicaid upon arrival, with over \$113 million in federal funding available to support this transition.

ACTION STEPS:

- Update intake and release workflows for Medicaid suspension and reinstatement.
- Connect with Illinois's Medicaid agency to establish data-sharing systems.
- Apply for federal grants to cover technology costs.

3. Medication Assisted Treatment Is Now Legally Required

On February 7, 2025, Illinois Senate Bill 2330 (SB2330) for the 104th Illinois General Assembly (2025-2026) passed relating to opioid treatment access in the Illinois Department of Corrections (DOC) and county jails. This bill ensures continued medication-assisted treatment (MAT) for inmates/detainees and planning for post-release care, with provisions taking effect starting January 1,2026. The bill specifically mandates that:

1. DOC and other correctional facilities offer or facilitate access to MAT for inmates with opioid use disorder.
2. Patients already on MAT before incarceration can continue treatment if medically necessary, and a positive drug screen upon entry won't disqualify them.
3. The correctional facilities must create plans to help individuals access MAT in the community after release.

ACTION STEPS:

- Ensure capability to provide all three FDA-approved medications: methadone, buprenorphine, and naltrexone.

- Develop screening systems to identify people already receiving MAT so treatment continues.
- Build partnerships with community programs for post-release transitions. Train staff on proper administration and security measures.

4. Telemedicine Solves Staffing Challenges

The NCCHC's 2026 standards also emphasize use technology like telehealth to ensure timely access to appropriate mental and behavioral healthcare, particularly for initial screenings and follow-ups. These standards provide a framework for correctional facilities to implement more robust telehealth programs. Along with 20 percent of correctional health positions nationwide unfilled and specialty appointments taking nearly four months, offering telemedicine is a practical solution for prisoner health care concerns.

ACTION STEPS:

- Invest in secure, HIPAA-compliant video systems with reliable internet.
- Find specialty providers willing to do remote consultations.
- Train teams on technology and security protocols. Start with high-need areas like psychiatry or post-surgical care.

5. Documentation Faces Increased Scrutiny

With these changes converging in 2026, documentation practices matter more than ever from NCCHC standards to Medicaid requirements to evidence-based treatment expectations.

ACTION STEPS:

- Update documentation templates to meet new standards.
- Consider transitioning from paper to electronic health records.
- Train staff on documenting mental health visits, medications, and discharge planning.

Start Preparing Now!

With federal mandates starting January 1 and increasing legal risks around treatment access, waiting is not an option. Preparing now costs far less than dealing with non-compliance, litigation, or poor patient outcomes later.

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