



**House
Legislative
Analysis
Section**

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**REQUIRE PRISONER CO-PAYS FOR
NONEMERGENCY MEDICAL CARE**

**House Bill 4947 as enrolled
Public Act 234 of 1996
Second Analysis (7-30-96)**

**Sponsor: Rep. Eric Bush
Committee: Judiciary and Civil Rights**

THE APPARENT PROBLEM:

According to testimony presented to the House Committee on Judiciary and Civil Rights, frivolous prisoner requests for nonemergency medical care decrease substantially when the prisoner is made responsible for paying a co-payment for nonemergency medical care made at prisoner request. Reportedly, in Virginia there was a 35 percent drop in prisoners' "sick call" requests when a co-pay policy was instituted, while in Arizona there was a 31 percent decrease. In its 1995-96 budget, the Department of Corrections has been authorized to establish and collect a fee from prisoners choosing to obtain nonemergency health care services, with the revenue collected to be appropriated to cover costs directly related to providing these services. Legislation has been introduced that would allow the Department of Corrections to implement prisoner co-pays for nonemergency medical care.

THE CONTENT OF THE BILL:

The bill would amend Chapter IV (Bureau of Penal Institutions) of the Department of Corrections enabling act (Public Act 232 of 1953) to add a section making prisoners responsible for a co-payment fee to the department for nonemergency medical, dental, or optometric services received at the prisoner's request. The parents or guardians of prisoners who were minors would also be responsible for the co-payment fee imposed under the bill. The amount of the co-payment fee would be set by the department.

The bill would also specify that a prisoner who had intentionally injured him or herself would be responsible for the entire cost of any medical care that he or she received as a result of that injury, rather than being responsible for just the co-payment. The department would also have to determine whether prisoners who intentionally injured themselves should be housed in a facility designed to allow on-site medical treatment of those injuries. Within six months of the bill's effective date, the director of the department would have to make

a report to the legislature regarding the feasibility and cost of implementing this provision.

MCL 791.267a

FISCAL IMPLICATIONS:

The House Fiscal Agency reports that according to the DOC, in fiscal year 1994-95, health care costs averaged \$3,395 per prisoner, a figure that includes costs of the on-site clinics, off-site specialty care, health care administration, and the health care portion of services provided at the DOC's mental health facility. Data on the amount spent on nonemergency care is not available. To the extent that the bill discouraged unnecessary use of health care services and enabled the collection of health care payments from prisoners, the bill would minimize state costs. (7-29-96)

ARGUMENTS:

For:

Basically, the bill would help control corrections costs by encouraging prisoners to request "sick call" only when there really was a need for it. Reportedly, some prisoners currently put in requests for "sick call" (that is, to see a health care professional) under circumstances that other people would simply ask for or take an over-the-counter medication (such as aspirin for a headache). So-called "frivolous" requests for nonemergency medical care may be made for any number of nonmedical reasons, and currently there are no disincentives against prisoners making frivolous requests. But frivolous requests only drive up the costs of medical (and dental and optometric) care for prisoners at no real medical benefit to the prisoners, while at the same time potentially decreasing the quality of health care available to all prisoners because health care providers have to expend time on weeding out the truly medically necessary visits from those that are not medically necessary. In addition, these requests for

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"sick call" can mean extra work for corrections officers, especially in high security facilities, where corrections officers must escort prisoners individually to the health care provider and wait while they are being seen.

The bill wouldn't affect the provision of emergency medical, dental, or optometric care to prisoners, the care of chronic or infectious disease, mental health services, the annual health screen, nor the provision of medical, dental, or optometric care for prisoners with pre-existing conditions. Nor, reportedly, would nonemergency care requested by prisoners be denied if the prisoner couldn't afford to pay the required co-payment fee (under a draft policy developed by the department), which reportedly would amount to only three dollars. What the bill would do, however, is encourage prisoners to make conscious decisions about their nonemergency health care, perhaps thereby enhancing their sense of responsibility for the decisions that they make while saving the taxpayers some money. The department currently spends about \$155 million a year on prisoner health care. Any reduction in these costs would be helpful.

Against:

Rather than just require a co-payment, perhaps prisoners should be required to be responsible for all the costs of all nonemergency medical care initiated at prisoner request, with payment put under the existing "cost of care" provisions in statute.

Response:

Reportedly, an attempt to make prisoners entirely responsible for the cost of their nonemergency medical care would be struck down by federal case law, whereas requests for co-payment would not.

Against:

The Department of Corrections already has the means, through the Correctional Facilities Reimbursement Act, to seek reimbursement for medical care provided to prisoners who intentionally injure themselves. If prisoners have funds to cover the cost of their medical care in these situations, the attorney general's office is able to seek reimbursement. However, few of the prisoners who engage in this behavior have sufficient funds to make the attempt worthwhile.

Clearly, the department would still be required to provide treatment for prisoners with self-induced injuries, whether or not the prisoner could afford the treatment. Thus, the addition of language requiring that prisoners be made responsible for the entirety of medical costs resulting from self-inflicted injuries adds no more power to the department's ability to collect for the costs which arise from these injuries.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.