



AB 45 (Stone) Eliminating Medical and Dental Copays in Prisons and Jails

AB 45, by Assemblymember Mark Stone, will eliminate the copays for medical and dental services inside of California prisons and jails.

The high cost of healthcare in prisons and jails discourages many people from seeking care until it is an emergency. This barrier to healthcare jeopardizes not just the health of the imprisoned, but also the health of prison staff and the public, as sick people who avoid doctors are more likely to suffer from more severe illness and increase infection rates. Indeed, in 2003, the Centers for Disease Control and Prevention identified copays as one of the factors contributing to a MRSA outbreak among incarcerated people in California.ⁱ

Facts About Copays in Prison and Jail

- In order to see a doctor or a dentist, people in prison must pay a copay of \$5 for every visit they initiate. In most counties, people in jail must pay a copay of \$3.
- People incarcerated in California prisons earn between \$0.08 and \$0.37 per hour. After paying 55% of their wages to restitution, most people receive only \$1 to \$6 per week. People incarcerated in California jails do not earn any wages for their labor.
- Although people in prison without sufficient funds are able to access care, a hold is placed on their account for 30 days after the healthcare visit, during which any income is withdrawn towards the copay — money people need for over-the-counter medicine, basic toiletries, and phone cards, stamps, and paper to maintain contact with loved ones. For people in jails, the hold can last as long as six months.
- Eight states do not collect medical copayments from people in prison: Missouri, Montana, Nebraska, New Mexico, New York, Oregon, Vermont, and Wyoming.ⁱⁱ
- Counties in California that do not collect medical copayments from people in jail include San Francisco, Napa, Santa Clara, Santa Barbara, San Luis Obispo, and Tulare.

Due to crowding, high levels of poverty, stress, trauma, and malnutrition, people who are incarcerated are among the most at-risk for chronic and infectious diseases. Out-of-reach copays that deter medical visits exacerbate these conditions. Despite this devastating impact on incarcerated people, the fees do not contribute significant revenue to the California Department of Corrections and Rehabilitation (CDCR) or to counties — the California State Auditor has recommended that the CDCR stop collecting copayments because they are not cost-effective.ⁱⁱⁱ

Charging medical copays to people in prisons and jails creates a two-tier system. Those with funds in their accounts seek treatment when it's needed, while those without funds may feel the need to ignore seemingly minor health concerns that may turn out to indicate serious illness. Delaying healthcare visits in these situations can lead to serious consequences.

Fair and just access to healthcare is a human right. By eliminating medical and dental copayments, AB 45 (Stone) will help improve public health and bring California one step closer to creating more just healthcare for people in California's prisons and jails.

Medical copays exacerbate racial inequities in public health. Because Black and Brown people are disproportionately incarcerated in California, barriers to affordable healthcare created through copays intensify existing racial health disparities.

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Support:

1. California Coalition for Women Prisoners (Co-sponsor)
2. Initiate Justice (Co-sponsor)
3. Ella Baker Center for Human Rights (Co-sponsor)
4. ACLU of California (Co-sponsor)

ⁱ Centers for Disease Control and Prevention (2003), "Methicillin-Resistant *Staphylococcus aureus* Infections in Correctional Facilities --- Georgia, California, and Texas, 2001-2003." At: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5241a4.htm>

ⁱⁱ Prison Policy Initiative (2017), "State and federal prison co-pay policies and sourcing information." At: https://www.prisonpolicy.org/reports/copay_policies.html

ⁱⁱⁱ California State Auditor (2000), "California Department of Corrections: Utilizing Managed Care Practices Could Ensure More Cost-Effective and Standardized Health Care." At: <https://www.bsa.ca.gov/pdfs/reports/99027.pdf>