

AB 45 (Stone): Eliminating Copayments in Prisons and Jails

SUMMARY

This bill will put an end to the practice of collecting copayments from incarcerated individuals for self-initiated medical visits in California state prisons and jails.

The California Department of Corrections and Rehabilitation (CDCR) is currently authorized to charge incarcerated people in state prisons a \$5 fee for every self-initiated medical or dental visit. Jails are authorized to charge up to \$3 per copayment.

The copayment program was created with the intention of reducing unnecessary medical visits. However, the lowest paid workers in California prisons make just \$0.08 per hour and would need to work 62.5 hours to afford a single medical visit. To put that in perspective, when adjusting for the difference in the minimum wage between incarcerated people and the outside population, people in prison are being charged the equivalent of a \$656.25 copayment for each medical visit.¹

PROBLEM

Incarcerated people enter prison with disproportionately high rates of poverty, substance abuse issues and mental illness relative to the non-incarcerated population. However, despite the fact that the State has an obligation to provide health services to people in prison, in surveys of incarcerated people, copays are cited as one of their leading concerns, with more than half reporting that they avoid health care due to costly copays.²

The decision not to seek care can have serious consequences: existing conditions become chronic, infectious diseases are more likely to spread, and minor health concerns become serious (and more expensive to treat). Not only does this lead to unnecessary suffering for people without the resources to afford copays, it also endangers other incarcerated individuals, staff, and the public at correctional facilities.

Limiting access to care among this population through prohibitively expensive copayments undermines the health of incarcerated individuals and prevents them from seeking the health services they need.

Although the copayment program was authorized with the intention of reducing the financial and administrative burden of prison health care, there is no data demonstrating that the program is cost-effective. A California State Auditor Report from 2000 found that the copayment program did not generate the expected revenue and recommended that it be discontinued. Analyses of copayment programs in other states have similarly found that the administration of copayment programs in correctional institutions often costs more than the revenue collected from incarcerated people.

SOLUTION

Rather than impeding on the ability of incarcerated people to access care, the National Commission on Correctional Health Care argues that frivolous medical visits can be managed effectively with a good triage system.

Eliminating copayments will remove a significant barrier to healthcare for incarcerated people in California prisons and jails and will ensure that people can access the care they need while incarcerated, regardless of their ability to pay.

SUPPORT

California Coalition for Women Prisoners (Co-Sponsor)
Initiate Justice (Co-Sponsor)
Ella Baker Center for Human Rights (Co-Sponsor)
American Civil Liberties Union of California (Co-Sponsor)
Union of American Physicians and Dentists (Co-sponsor)
ACCESS Women's Health Justice
ACT for Women and Girls
AFSCME, AFL-CIO
Alliance for Boys and Men of Color
American Federation of State, County & Municipal
Asian Americans Advancing Justice - CA
Employees, AFL-CIO
Anti-Recidivism Coalition
Bay Area Regional Health Inequities Initiative
Bay Rising
California Catholic Conference
California Latinas for Reproductive Justice
California Public Defenders Association
Californians United for a Responsible Budget
Center for Health Justice
Center on Juvenile and Criminal Justice
Citizens for Choice
City & County of San Francisco
Disability Rights Legal Center

Fair Chance Project
Greenlining Institute
Harm Reduction Coalition
Health Access California
Homeboy Industries
Human Impact Partner
Justice Teams Network
Lawyers' Committee on Civil Rights
League of Women Voters of California
Legal Services for Prisoners with Children
Literacy Lab
Motivating Individual Leadership for Public Advancement
National Health Law Program
Physicians for Social Responsibility - SF Bay Area Chapter
Positive Women's Network-USA
Prison Law Office
Prison Policy Initiative
Project Rebound
Public Health Justice Collective
Re:store Justice
Root & Rebound
Rubicon Programs
San Francisco District Attorney George Gascon
San Francisco Public Defender Manohar Raju
Showing Up for Racial Justice - Bay Area

SIA Legal Team
Successful Reentry
Tides Advocacy
Transgender Gender-Variant Intersex Justice Project
Transitions Clinic Network
UCLA Health Equity Hub
Unite the People
Western Center on Law and Poverty
Women's Foundation of California
W. Haywood Burns Institute
Youth Justice Coalition
Two individuals

OPPOSITION

California State Sheriffs' Association
Riverside Sheriffs' Association

FOR MORE INFORMATION

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¹ Sawyer, Wendy. "The Steep Cost of Medical Co-pays in Prison Puts Health at Risk." Prison Policy Initiative. N.p., 19 Apr. 2017. Web. <<https://www.prisonpolicy.org/blog/2017/04/19/copays/>>.

² Schwartzapel, Beth. "Prisoners Make Pennies an Hour. Why Are Their Co-Pays So High?" The Marshall Project. N.p., 04 June 2018. Web. 30 Nov. 2018. <<https://www.themarshallproject.org/2018/05/30/the-580-co-pay>>.