



# John Howard Association of Illinois

2015 recipient of MacArthur Award for Creative and Effective Institutions

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## Testimony in support of HB 2045 to the Senate Criminal Law Committee of the 101st Illinois General Assembly, May 7, 2019.

### The John Howard Association of Illinois (JHA):

For over 100 years, JHA has served the the State of Illinois by providing crucial independent citizen oversight of correctional policies and practices. JHA is Illinois' only nongovernmental entity that routinely goes inside of Illinois' prisons to observe physical conditions, and engage with administrators, staff, and inmates.

### Purpose of HB 2045:

HB 2045 will repeal the statutory language compelling IDOC to collect a \$5 co-pay from inmates who request medical services. Elimination of the co-pay will be cost effective, and result in healthier, safer prisons to the benefit of inmates, staff, and the State of Illinois as a whole.

### Why repeal the \$5 co-pay?

The \$5 co-pay embodies the phrase "penny wise, pound foolish." The reasoning behind this statement is twofold.

One: the co-pay discourages inmates from seeking preventative medical care, or care for ailments that seem minor to the inmate, but are actually symptoms of a serious medical condition.

- This is counterproductive, as it likely increases the costs the state incurs by creating a scenario in which inmates forego cost effective preemptive medical care, resulting in preventable high cost emergent care incidents, including trips to emergency rooms outside of prison, and late stage diagnoses of chronic medical conditions later.
- IDOC recently entered into what will be a very expensive settlement agreement for a class action lawsuit, *Lippert v. Baldwin*, regarding IDOC's alleged failure to provide constitutionally adequate healthcare. Eliminating the co-pay will assist IDOC in meeting the medical needs of inmates as required by the terms of this agreement.
- Academic research on the correctional co-pay supports the assertion that deterring preventative care results in higher long-term costs. Most inmates in Illinois will not request healthcare in order to avoid the \$5 co-pay, as indicated by numerous interviews and the results of over 19,000 surveys collected during JHA's routine prison monitoring visits.

Two: the administrative costs of implementing the co-pay likely negate any actual revenue derived from collecting it. Other correctional systems have scuttled their co-pay policy after it was determined that the co-pay cost their system as much, if not more, to implement, than the policy was bringing in.

- After the medical co-pay was eliminated in Pinellas County, Florida, jail officials stated that the administrative burden of reviewing and tracking co-pays cost them more than they

made, concluding that “[i]t doesn’t make good business sense. You can only squeeze so much juice from an onion.” Similarly, Oregon’s prison officials drastically scaled back use of the co-pay due to administrative cost calculations.

- California also eliminated the medical co-pay in March 2019. Prison officials declared that the co-pay was no longer necessary, of minimal fiscal benefit, and it was not aligned with best practices for medical care in corrections.
- Seven other state prison systems do not collect a medical co-pay from inmates, including Missouri, Montana, Nebraska, New Mexico, New York, Vermont, and Wyoming.
- Even if IDOC collects \$400K in co-pays from inmates per year, it is unknown how much of this figure consists solely of state pay. Any co-pay satisfied by taking an inmate’s state pay is not revenue. Rather, in such cases the Department is paying staff to merely shift money from one of its accounts to another. Further, it is common for inmates to file grievances about the co-pay, creating additional administrative burden. When taking these factors into consideration, the likelihood that IDOC loses money by implementing the co-pay increases.

**The claim that co-pays deter frivolous requests for health care by inmates is unfounded.**

- One may speculate that such a scenario will unfold should the co-pay be repealed, but this is unsupported by any known research and long-term cost analyses.
- In prison, a trip to the healthcare unit can be an especially unpleasant experience. Inmates often wait a long time to see a medical practitioner in “waiting rooms” consisting of hard benches, often times bolted to the floor within a caged area. If given the choice between going to the healthcare unit and any other activity, the vast majority of inmates will choose latter over the former every time.

**Eliminating the co-pay will improve living and working conditions.**

- When inmates elect not to go to the health care unit to address a medical need in order to avoid the co-pay, this can have disastrous consequences in a prison. In confined spaces, communicable diseases such as scabies can spread quickly amongst inmates, and this will inevitably affect the frontline correctional staff. This occurred last year at a prison with dorm style housing. Not only was an entire housing unit quarantined due to a scabies outbreak, it was reported the several staff contracted scabies as well. Inmates should not be subjected to such conditions and neither should staff.

Respectfully submitted,

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