



March 31, 2022

Hon. George Little
Acting Secretary of Corrections
1920 Technology Pkwy
Mechanicsburg, PA 17050

Via electronic delivery

Re: Please end the \$5 medical copay for incarcerated people in Pennsylvania

Dear Acting Secretary Little:

We write to ask you to end the \$5 medical copay for incarcerated people in Pennsylvania state prisons. This is an important step in affirming your continued commitment to protecting the lives of the more than 37,000 Pennsylvanians and 15,000 staff in your custody. We recognize your hard work during the unprecedented challenge created by the COVID-19 global pandemic. As a result, Pennsylvania state prisons experienced relatively low infection and mortality rates when compared to other state prison systems. A key piece of that strategy was the temporary suspension of the copay by former Secretary Wetzel. The suspension should be reimplemented and the copay permanently eliminated.

There's no place for copays in the “new normal”

Pennsylvania prisons are moving toward a “new normal,” one that will thankfully include a return to greater access to in-person visits. However, public health experts say we must prepare for a [future in which we never fully eradicate the coronavirus](#) and it becomes an endemic threat like the flu. That means enacting proactive policies to prevent and mitigate future outbreaks. For prisons, permanently eliminating medical copays should be a basic part of the plan because they endanger incarcerated people, staff, and the public at large.

The National Commission on Correctional Health Care Medical advises against copays

Medical copays have always compromised the health of incarcerated people, even when there wasn't a pandemic. Based on 40 years of intensive evaluation of health care systems, the [National Commission on Correctional Healthcare advises against medical fees because charging incarcerated people for health services obstructs access to necessary healthcare](#). In Pennsylvania, ninety percent of incarcerated people fall below the federal poverty line, and the \$5 cost for a

medical visit is a significant barrier. They depend on their families and prison wages, which begin at \$0.19 per hour. It is notable and disturbing that the cost of Medicaid copays for non-incarcerated Pennsylvanians (which are typically between [\\$1.00 and \\$3.00](#)) is far less than the copay charged to incarcerated people.

People must cover the cost of phone calls home, toiletries, extra clothes and blankets, and supplemental food from the commissary. Although some incarcerated people have high commissary accounts and financially supportive families, we all know that many do not.

If incarcerated people are sick, staff will get sick too, and vice versa. The spread of illness affects operations when staff become sick and cannot work, and when the medical department is strained due to the increased, acute medical needs of incarcerated people. This puts additional stress on the remaining, healthy staff.

Keeping people who live and work in prisons healthy is also a matter of community safety. Disease can quickly spread to others in the facility – and into the community – when people are released before being treated or corrections staff returns to their families and communities.

An ounce of prevention is worth a pound of cure...

The United States healthcare system is in the midst of a [transformational shift from fee-for-service to value-based care](#), which slows cost growth. Why? It is far better to prevent disease than to treat people after they get sick. Preventative care reduces the incidence and impact of chronic diseases, which are a tremendous burden to patients and the Department's health care system. Early access to medical and mental health treatment is the best way to impact the Department's bottom-line long term. The copay brings in minimal revenue for the Department; accounting for approximately two tenths of one percent of its total healthcare budget. Administration of the copay is expensive, complex, burdensome, and often subjective (involving staff time, fee collection from an overwhelmingly poor population, determination of whether exemptions apply, etc.). It is likely that the copay is a net monetary loss for the Department because of the administrative burden.

To the extent that requiring copays reduces demand for medical services, this should not be seen positively. It is proof that copays deter people from seeking needed medical and mental health care. It is also short-sighted: When people can't afford the copay, they don't seek medical care. Inevitably, more serious health issues develop that could have been addressed at a preventative or early stage. This directly harms the people in your custody and also the Department's long-term interests, because the costs of chronic, hospital, personal, and skilled care are astronomical. If the Department has concerns about specific instances of potentially frivolous medical requests, it can utilize its existing disciplinary system. Further, it cannot be overlooked that the Department has significant medical and general staffing shortages. These shortages should not be remedied at the expense of people's health.

People are being harmed by this policy

Current and formerly incarcerated people and their families have told us time and time again that the Department's \$5 copay stops them from getting medical and mental health care that they need. Please read the complete document of short submissions from some of them, which is attached to this letter.

"[When I need medical care] I find myself having to sacrifice my phone calls with my daughters which are near and dear to my heart..." -Melvin Knight

"My husband has heart disease, hypertension, diabetes and high cholesterol...Please drop the copay. It's hard enough...It's not home and they're being punished but I feel as if I'm being punished as well." -Joni Jones

"My older brother [who] has been incarcerated since 1995 has many times opted not to receive medical care because of that \$5 copay...I hope that one day it is completely eliminated so that prisoners do not have to choose medical over necessities, especially phone calls to families which is what keeps them going." -Jessica Hernandez

The pandemic has laid bare the [inextricable links](#) between prison health and community health in a medical and holistic sense. These links have always existed. Ending the medical copay is about access to healthcare and equity for incarcerated people. It is also critical to public health given the lessons we've learned over the last two years.

FAMM and the Pennsylvania Prison Society ask you to immediately suspend and permanently eliminate the \$5 medical copay for incarcerated people in Pennsylvania state prisons.

Thank you for considering our views. Please contact (717) 945-9089 or mgoellner@famm.org if you have any questions or need assistance.

Respectfully,

/s Maria Goellner

Maria Goellner, Esq.
Pennsylvania State Policy Director
FAMM

/s Claire Shubik-Richards

Claire Shubik-Richards
Executive Director
Pennsylvania Prison Society

cc: Honorable Tom Wolf, Governor
Lieutenant Governor John Fetterman
Honorable Josh Shapiro, Attorney General
Pennsylvania Senate Officers and Leadership
Pennsylvania Senate Judiciary Committee
Pennsylvania House Officers and Leadership
Pennsylvania House of Representatives Judiciary Committee
Pennsylvania Department of Health
Pennsylvania Department of Aging
Pennsylvania Department of Health and Human Services



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Medical Copay Stories

The Prison Society and FAMM requested that our members tell us about their experiences with the \$5 medical copay in Pennsylvania state prisons. What follows is a sampling of stories we received from people living behind bars and their loved ones that illustrate the negative impact of the medical copay.¹

Jessica Hernandez:

My older brother has been incarcerated since 1995 has many times opted not to receive medical care because of that \$5 copay most times he'd rather save money for commissary or phone calls over that copay. I Hope that one day that is completely eliminated so that prisoners do not have to choose medical over other necessities, especially phone calls to family which is what keeps them going and helps them with keeping their mental health in check.

Gigi Carol submitted on behalf of Mark Starnes:

This is my mentee's story... So this is actually from **Mark Starnes** who is incarcerated at SCI Chester: "The effects of Medical Copays are many and affect individuals in different ways. The most common of them are, us not being able to afford the copays. **Many people choose not to go to medical and to deal with medical issues on their own out of fear of being charged money they don't have in the first place, leaving their account in the negative.** Those who do go to medical are forced to use money that is needed for other reasons, such as cosmetics or food items from the commissary. We are not

¹ Bolding has been added for emphasis. These stories have not been edited otherwise.

supposed to get charged twice for the same reasons, however, we do get charged over and over again in many situations. I was just charged for renewing my medication for chronic issues this week, this should not happen. Moreover, we are being charged for medical mistakes ex: I was told that in order to receive the proper medication and treatment for my foot and back injuries/disabilities I would have to participate in physical therapy. I was told I would be placed in physical therapy for said injuries/disabilities. I have yet to be placed in said therapy leaving me no other choice but to be seen by medical again. This is leaving me in further pain, prolonging what is said to be needed for my best interest and healthcare. Placing me in another situation to be charged again by medical for Chronic issues. This in itself is a stressful situation, not counting the pain and stress I deal with on a daily basis Physically, Mentally, and Spiritually. I bring this to your attention to make you aware of the copays and medical issues we face everyday." ~ Mark Starnes

Malinchak Rogan:

From **Melvin Knight** our family friend: "**With the constant stress of worrying about medical Co-pays I find myself having to sacrificing my phone calls with my daughters which are near and dear to my heart** and quite frankly is not fair to them so then I am forced to make a even bigger choice do I go without food or soap so that I can still make calls to my daughters. Why must an inmate who has little to no money have to carry that burden you even have to pay for the phone calls to your family now I completely understand the three calls a day limit but why must I be burden with with such things if communication with one's family is such an important goal for the the DOC to afford their inmate population why not give them these thing things free of charge so unless there is a reason for this why do they do this to us. Those who have no money and no support or those with very little money at all try to maintain the DOCs medical copays. The only way they can pay the copays is with the little allowance the DOC gives each month. So little that it doesn't even cover the 17 dollars a month for cable. So how does one live? They can't because they continue to have their account in the red due to these outrageous copays. Things that should be covered by grants and tax payers money. Where does that money go I say? In their pockets? But one would never know because the DOC hides this information from the public. This process hinders the health and wellbeing of inmates. **We really need to take health into consideration and end the unneeded charge of medical copays because of these inmates that come into the DOC health leave in deplorable condition. These things such as cancer and diabetes also affect those with little money to be able to buy hygiene and care products to take care of themselves.** The DOC gives little money and food on trays therefore the inmate

has to rely on the commissary. But how can one get commissary if they are paying these outrageous medical copays. I ask you to please help those behind the wall and put an end to these unneeded medical copays. You pay 5 dollars to be seen and an extra 5 per medication. If you put in a sick call for dental they charge you 10 dollars plus an additional 5 for any medication rendered. DOC has a criteria for Chronic Care but it's in the DOCs discretion what it considers chronic care."

Joni Jones:

My husband has heart disease, hypertension, diabetes & high cholesterol on 6 meds for that. Not to mention the other meds for other things. Please drop the copay cost. It's hard enough attempting to keep them comfortable inside. It's not home & they're being punished but I feel as if I'm being punished as well. Every extra cent goes to calls, meds, cable, books etc. Not luxuries but things to keep them occupied. TVs now cost upwards of \$275. Every \$100 I send inside \$25 is automatically taken off the top. They end up with \$75. Glasses cost \$65. Keeping them just comfortable with basics is nearly impossible without going broke. I try my hardest but I have my son & husband both incarcerated. **My son doesn't want to take his ADHD & anxiety meds now because he doesn't want to pay a co-pay. Imagine your child choosing between commissary food or meds. It happened to us. Please I beg of you... help us help them.**

Heath W. Gray:

Hello, my name is Heath W. Gray, I am serving a life sen I've been housed here since January 27, 2004. Back then our medical copay was only \$2.00, and it covered the entire medical visit. **Now, as you already know, the copay has been raised to \$5.00. What you may not know is that they apply this \$5.00 copay multiple times for the same visit.** For example, in September 2019 I fell very ill and did not want to go to medical, but my block officer was concerned because of how sick I was. On the 10th day they sent me to medical. I was diagnosed with an illness that could be either pneumonia, or Bronchitis. But they didn't know. I believe today that it was COVID. But **they gave me a 7 day course of Amoxicillion, 2 Asprin, and Nebulizer treatments every other day for 2 weeks. And charged me the \$5.00 copay for the visit, and an additional \$5.00 copay for each type of medication, so \$20.00.**

We work for anywhere from C.19/Hr to C.51/Hr. And the care provided is sub par. I go to this medical department as little as possible, not only because of the financial burden, but because **the care itself is based around their cost savings rather than my well being.** I'd rather die in my cell, completing my sentence of Life, than frusterate trying to fight these people to get proper health care. **I've accepted a lot of hard cold truths in here, and this was one of them.**

I've spent 20 years in prison. That's 20 years of walking on concrete and sleeping on a thin mattress on a sheet of steel. This life is hard on the body and also causes some of the medical issues that they charge us for.

Anonymous:

Our son's story is fairly simple. During the pandemic, he did not go to medical. He did not know that the co-pay had been suspended, nor did others on his block. He experienced cold symptoms at one point and clear COVID symptoms including fever and loss of smell in another case, but did not go to medical. He also had recurring severe knee pain that he didn't go to medical for. **This was both because of the co-pay and his suspicion that he would just be prescribed pain medication and would have to pay for it as well.**

...like many other incarcerated people, [our son] didn't want to be seen as having COVID because he would go to "the hole" and it would put his cellmate and other close contacts on his block in danger of being similarly isolated.

Gregory Campbell, Sr.:

On four occasions I went up to Medical by way of sick-call. Each time I was asked for \$5. for using sick-call; \$5 for a (mis)diagnosis; and, \$5. for medicine for everything other than the symptoms I described Practitioner. prescribed for to the medical

Tragically, there are people here who would rather risk dying themselves; or, in a worser case scenario, spreading a contagion throughout the prison than experience being charged the exorbitant co-pay fees. It is this that scares me the most. What they are doing amounts to terrorism and attempted murder. **Between the misdiagnoses and the fear of the fees. Prisoners live in abject fear.** If you can assist us, please do so. Towards that end, I remain ever hopeful!

Laurel Taylor:

As a mother of an inmate at SCI Houtzdale, and a Registered Nurse, I am writing to you concerning your reinstatement of medical copay fees for inmates, and to question why more than 50% of the correctional officers remain unvaccinated. additionally, i just made a 1,000 mile round trip from NC to NEPA to have a much-anticipated contact visit with my son, which was cancelled at the last minute due to a brief lockdown of his unit (for an undisclosed reason), during which i stopped to visit family in the area. there are new pockets of increased infections in your state, of which i would hope you are aware...so i am writing to question your decision concerning copay fees, and to ask why there isnt mandatory vaccination mandates among your officers. **PLEASE consider reinstating 'no copays'**, and making vaccinations mandatory... since the pandemic is not at all under control.

Michael Traupman:

Medical has been billing me to death, either sick calls I did not request or billing me for meds I was told at intake at Phoenix SC I back in January of this year I would have no co-pays or refill costs. Any grievance I have filed about the issue I get nothing but denial saying "sorry it's past 15 days "you're stuck with it or any excuse they can find.

Joseph Sims:

It's very tense...**The access to medical care is very limited. Medical staff are charging people the regular co-pay, even if they have flu-like symptoms.**