

Safe & Just Michigan Medical Co-Pays in Prison

There are a variety of health-related costs that incarcerated Michiganders are subjected to. Co-pays for medical, dental, and optometrical visits are just one type of cost. Health care co-pays in prison have two purposes: to decrease the cost of health care and to disincentivize the overuse of healthcare services. In actuality, co-pays are exploitive, counterproductive, and unnecessarily harm incarcerated Michiganders.

Michiganders in prison have health care co-pays? I thought health care was free in prison.

"Access to care" does not mean "free care." The Michigan Department of Correction's Policy Directive #03.04.100 states, *"All prisoners shall have access to health services as described in this policy, regardless of custody level or security classification."*

The Michigan Department of Correction's Policy Directive #03.04.101 states, ***"A prisoner shall be charged a \$5.00 co-payment for each medical, dental and optometric visit."***

Are there exceptions?

Yes. If the visit is initiated by a qualified health professional or is required by the Michigan Department of Corrections, a co-pay is not assessed. Co-pays are also not assessed for visits initiated by the incarcerated person if the visit is for a workplace injury, for testing for a reportable infectious disease, or in an urgent or emergency situation.

There is also an *exception to the exceptions*. Suppose the health crisis is determined to be the responsibility of the person receiving care — for instance, an injury related to self-harm. In that case, the person is charged for the total amount of their care, including the evaluation, visit and any subsequent treatment.

Those exceptions sound generous. Why is there a problem?

The problem becomes apparent when considering chronic diseases, which are the leading cause of death and disability both inside and outside of prison.

Most chronic diseases have early symptoms that are subtle and can be attributed to various things, such as thirst as an early symptom of diabetes. These early symptoms can be so subtle that individuals may develop complications and even die without ever been diagnosed. Similarly, many cancers present with mild symptoms in early stages that could be attributed to other conditions, such as lung cancer presenting as a cough. In early stages, many cancers are highly treatable and are often curative, even without costly treatments like chemotherapy and radiation.

If not caught early, chronic diseases and cancer are much more costly to treat and may be fatal.

Questions? Contact Safe & Just Michigan, at 517.258.1134 or info@safeandjustmi.org

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My medical co-pay is \$30. Theirs is \$5. How is that exploitative?

A \$5 office visit seems cheap compared to the co-pays individuals with insurance pay on the outside. However, incarcerated Michiganders often earn just pennies per hour for the work they do inside prison. With a top wage in food service of just 38 cents per hour, **an incarcerated Michigander would have to work more than 13 hours to afford their co-pay.**

Michiganders, with an average annual income of \$72,859, would have to work about **8.5 minutes to earn enough for their co-pay.**

Does having co-pays ultimately cost the state and taxpayers?

Taxpayers fund the majority of prison health care costs. In 2023, 97 percent of the Michigan Department of Correction's \$2 billion budget came from state general funds. The total cost of health care for incarcerated Michiganders that year was \$278 million (excluding mental health care). Untreated health conditions often become more severe, complex, and costly to treat over time.

An imprisoned diabetic Michigander will require dialysis two or three times a week if they experience end-stage kidney disease. Dialysis costs \$250 - \$350 per session for an insured individual. Assuming the cost of dialysis is the same inside prison, this treatment would cost MDOC between \$26,000 and \$54,600 per individual per year.

How do health care co-pays harm incarcerated Michiganders?

Most incarcerated people will eventually be released. Their ability to function independently, fulfill the conditions of their parole and rebuild their lives is directly affected by their health status when they are released. Many chronic conditions, if not properly managed, can lead to severe disabilities. Diabetes, for instance, can result in blindness and lower limb amputations. **A person released who experienced these health complications in prison still has them after they return home.** Their disability becomes just one more need to be addressed in their re-entry and may become a barrier to their successful transition to life on the outside.

Does this need to be addressed now?

Yes. The percentage of imprisoned Michiganders over the age of 50 years is growing. The older the prison population gets, the more often health professionals in the Department of Corrections will see and treat chronic health conditions. **Timely care and proper management are how we prevent chronic diseases from turning into complex and costly conditions** that will affect the Michiganders who have them.

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