U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

November 18, 2011

The Honorable Lamar S. Smith
Chairman
Committee on the Judiciary
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Federal Prisoner Health Care Copayment Act of 2000 (18 U.S.C. § 4048(k)) requires the Director of the Bureau of Prisons to transmit an annual report that (1) describes the amounts collected under the copayment program, (2) analyzes the effects of implementation of the law, (3) includes the costs of implementing and administering the program, (4) describes inmate health status indicators as compared to the year prior to enactment, and (5) describes the quality of health care services during the preceding year as compared with the quality of services provided during the year ending on the date of enactment of the law.

I am pleased to submit the annual report for fiscal year 2011. Please let me know if I can be of further assistance with regard to this or any other matter.

Sincerely,

Thomas R. Kane

Thomas R. Kane
Acting Director

Enclosure

Federal Prisoner Health Care Copayment Act of 2000
Report to Congress

Status Report: October 2011

Legislative Summary: On October 12, 2000, the President signed into law the Federal Prisoner Health Care Copayment Act of 2000 (P.L. 106-294; codified at 18 U.S.C. § 4048). The Act allows the Bureau of Prisons (BOP) to charge a copayment fee of not less than $1.00 per visit to inmates for health care services provided in conjunction with a health care visit requested by the inmate. Preventive health care, emergency services, prenatal care, diagnosis and treatment of chronic infectious diseases, mental health care, and substance abuse treatment are exempted from the fee. The copayment fees are deducted from an inmate's Trust Fund account. The statute requires the Director of the BOP to transmit an annual report to Congress that includes: (1) the amounts collected during the previous year, (2) an analysis of the effects of implementation of the law, (3) the costs of implementing and administering the program, (4) a description of inmate health status indicators as compared to the year prior to enactment, and (5) a description of the quality of health care services during the preceding year as compared with the quality of services provided during the year ending on the date of enactment of the law.

Current Status: The Final Rule implementing the Act was published in the Federal Register on July 26, 2005 and the BOP implemented its corresponding policy[1] on October 3, 2005. The Act requires a 30-day period of notification to the inmate population on the provisions of the statute. The BOP provided inmates with written and verbal notification between August 15 and August 30, 2005 and informed them the program would be implemented on October 3, 2005 (the first regular business day of fiscal year 2006). The BOP meets the 30-day notification requirement for all new inmates by providing the information upon admission and giving them a 30-day grace period before charging a copayment fee.

The copayment fee is $2.00. Sentenced inmates and unsentenced detainees in the custody of the BOP are subject to the copayment fee when they initiate a visit to Health Services; this is commonly referred to as sick call.[2] Federal inmates confined in privately-managed institutions and federal inmates confined in facilities operated by State and local governments are not being charged at this time due to the lack of electronic mechanisms to collect funds.

Amounts Collected:

Fiscal Year	Amount Collected
2006	$510,437.65
2007	$427,903.61
2008	$390,830.47
2009	$330,410.43
2010	$342,994.47
2011	$402,531.06

Analysis: From October 3, 2005, to September 30, 2006, inmates in the BOP made 579,961 visits to institution health services units. During fiscal years 2007 and 2008, inmates made

496,589 and 442,281 visits, respectively. In fiscal year 2009, inmates made 341,275 visits and in fiscal year 2010, the number of visits increased to 346,754.

In fiscal year 2011, the number of visits increased to 375,871. The breakdown of these visits is as follows:

Type of Visit[3]	2006	2007	2008	2009	2010	2011
Paid Visits	278,522	227,720	207,998	176,204	182,430	212,202
Non-Paid Visits	280,856	254,914	221,988	154,781	153,813	153,643
Indigent Inmate Visits	11,316	7,864	6,512	5,507	4,910	5,216
Grace Period Visits	9,267	6,091	5,783	4,783	5,601	4,810
Total	579,961	496,589	442,281	341,275	346,754	375,871

The number of visits to institution health services has increased the past two fiscal years, after declining each year since the implementation of the Federal Prisoner Health Care Copayment Act of 2000. It is important to note, however, that the federal inmate population has increased by almost 30,000 inmates since implementation of the Act. In fiscal year 2011, there were 8.4% more visits as compared to fiscal year 2010. However, in fiscal year 2011 there 35% fewer visits as compared to fiscal year 2006.

Administrative Costs: It cost the BOP $23,780 to enhance computer software within the Trust Fund inmate accounting systems to implement the Inmate Copayment Program. There were and continue to be ongoing costs associated with staff support of the system, however, these costs are imbedded in general operating and management expenses.

Inmate Health Status and Quality of Care: All BOP facilities are classified by "Care Level" (one through four) corresponding to the level of heath care the facility can provide based on staffing structure, community health resources, and the availability of community sub-specialists. Facilities designated as "Care Level" two through four must be accredited by the Joint Commission[4] and all BOP facilities are accredited by the American Correctional Association (ACA). Both the Joint Commission and ACA review the practices of the BOP with regard to the quality of health care, patients' rights, and patient access to care. During the past year, none of the BOP facilities accredited by either of these two organizations received deficiencies in any of these areas.

All indicators of morbidity and mortality demonstrate that the health status of inmates in BOP custody has not changed significantly since the implementation of the Inmate Copayment Program. All indicators of quality of health care demonstrate that the quality of medical care provided to inmates in the custody of the BOP has not been impacted by the implementation of the Inmate Copayment Program. A comprehensive review of the complaints regarding the Inmate Copayment Program filed by inmates during the past year through the Administrative Remedy Program[5] revealed that inmates received the care that was necessary to meet their medical needs and that the copayment was collected appropriately. The review also showed no appreciable change in the rate or types of complaints regarding the delivery of health care.

Notes:

1. BOP Program Statement P6031.02 titled "Inmate Copayment Program."

2. Sick call encounters do not include visits initiated by a health care provider, visits by indigent inmates, or visits under the 30-day grace period because these encounters do not result in the collection of a copayment fee.

3. Paid visits are conducted at the request of the inmate for which a copayment fee was collected. No copayment fee is collected for non-paid visits (e.g., emergency services, preventive health care, diagnosis and treatment of chronic infectious diseases, and other visits initiated by a health care provider). Indigent visits are conducted at the request of an inmate, but no copayment fee is collected due to the inmate's status as indigent. Grace period visits are conducted at the request of an inmate, but no copayment fee is collected because the visit occurs during the initial 30 days of the inmate's incarceration.

4. The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is an independent, not-for-profit organization that accredits and certifies more than 18,000 health care organizations and programs in the United States.

5. The Administrative Remedy Program provides inmates with a means to seek redress of complaints or formal review of issues relating to their confinement. It allows the BOP to examine its policies, programs, operations, and procedures based on inmates' claims and to make changes when necessary.