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I. INTRODUCTION

The Alaska Department of Corrections is committed to providing medically necessary health care to all inmates in its custody, whether they are housed in a state facility or a privatized facility. The following health plan describes the scope of services available to inmates, including limitations and exclusions.

This plan is not a guarantee of any specific services for an individual inmate as health services are provided when “medically necessary.” The need for medical care is determined by a health care provider or in special circumstances by the Medical Director of the Department or other designated health personnel. Cost is not the determinate of whether or not a particular care is provided; rather, it must be demonstrated that it is necessary for the maintenance of basic health or the prevention of deterioration of health status.

Health care coverage as described in this manual begins when an individual enters a facility and formally comes into the custody of the Alaska Department of Corrections (AK-DOC). Coverage and AK-DOC responsibility ends when the offender is paroled, discharged from the system, or transferred to the jurisdiction of another federal, state, or public authority. Pre-existing medical conditions (those that occur prior to incarceration) are generally not covered unless they cause deterioration in health status, including permanent loss of function or unmanageable pain.

Compact inmates (AK-DOC inmates housed long-term in facilities outside of Alaska by individual contract with other states) and those held in non-state facilities but who are still under the jurisdiction of the AK-DOC are covered by the Health Plan described here.
The Standards of care set forth by the Department, which are reflective of national and community standards, define the level of care available. Under no circumstances will individual inmates be permitted to pay for elective medical, dental or cosmetic procedures.

Questions regarding the content or interpretation of the content of this document should be directed to the Inmate Health Services Section of the Alaska Department of Corrections, Central Office, Anchorage.

II. SENTENCED AND UNSENTENCED STATUS

The same quality of care will be provided to sentenced and unsentenced inmates. As will be explained later in this manual, however, a number of factors are related to the level of health care delivered. Among these is the "estimated date of release." This is important in a number of specific situations where the DOC makes a decision not to provide a specific service. The reason may be due to an inability to follow-up to completion on a particular intervention or treatment or the non-urgent nature of the request. Examples include non-essential dental, orthopedic, small hernia repairs and certain therapies that require an extensive evaluation prior to starting treatment such as Hepatitis C infection. In instances where delay of several months has no significant effect on functioning or long-term health and discharge is imminent or an inmate is unsentenced, care may not be approved. Regardless of status, however, it must be emphasized that all essential and medically necessary care will be approved and delivered in a timely manner. In certain instances on a case-by-case basis an unsentenced inmate may be allowed access to community-based, selective medical services not provided by the DOC at the inmate's own expense. Refer to the Appendix, infra, comparing certain levels of care that are restricted by status in the system, be it release date or sentencing situation.
III. MEDICAL CARE PRIORITY LEVELS

Medical care and treatment are prioritized into levels. The level of health care service provided by AK-DOC will be consistent with the standards for such services in the community. This means that appropriately credentialed personnel in a professional setting will conduct health care procedures in a clinically appropriate manner. The following guidelines will be used to determine whether treatment will or will not be provided by AK-DOC to ensure that sufficient health care resources are available to fulfill the department’s policy of preserving and maintaining each inmate’s health status during incarceration.

A. LEVELS OF THERAPEUTIC CARE

Level 1: Medically Mandatory

Medically mandatory care is routinely authorized and provided to all inmates by AK-DOC. Any licensed health service staff may give authorization. Medically mandatory care is frequently urgent or emergency care and as such is best initiated by medical services staff at the time of intervention. Less urgent care in this category will receive expedited review and approval as medical necessity dictates.

Definition: Care that is essential to life and health, without which rapid deterioration may be an expected outcome and in which medical surgical intervention makes a significant difference.

Examples include, but are not limited to:

- Acute problems, potentially fatal, where treatment prevents death and allows full recovery, such as appendectomy for appendicitis or repair of deep open wound in neck.
- Acute problems, potentially fatal, where treatment prevents death, but does not necessarily allow for full recovery, such as burn treatment and treatment of severe head injuries.
- Maternity Care, such as onset of labor and delivery, as well as treatment for obstetrical emergencies.

Authorization:
Any AK-DOC practitioner may authorize care and treatment. In an emergency situation, nursing staff may authorize care and treatment.

**Level 2: Presently Medically Necessary**

Presently medically necessary treatment may be provided to AK-DOC inmates subject to periodic utilization review by the Medical Director. Care may be authorized by any AK-DOC Health Services prescribing practitioner.

**Definition:** Care without which the inmate's well-being could not be maintained without significant risk of either further serious deterioration of the condition or without significant pain or discomfort.

**Examples include, but are not limited to:**
- Chronic, usually fatal conditions where treatment improves life span and quality of life, such as medical management of insulin dependent diabetes mellitus, surgical treatment for treatable cancer of the uterus, and medical management of disease processes equivalent to asthma and hypertension.
- Immunizations.
- Comfort care such as pain management and hospice-type care for the end stages of diseases such as cancer and AIDS.
- Proven effective preventative care for adults, such as preventative dental care, mammograms, and pap smears.
• Acute but non-fatal conditions where treatment causes a return to previous state of health, such as fillings for dental cavities and medical treatment of various infectious disorders.

• Acute non-fatal conditions where treatment allows the best approximation of return to previous health, such as reduction of dislocated elbow and repair of corneal laceration. Such treatments must have demonstrated “medical efficacy” reflecting a high degree of likelihood of a successful outcome.

Authorization
Any AK-DOC Health Services practitioner may request care and treatment. The decisions of practitioners are subject to review and approval by the Medical Director or designee.

Level 3: Medically Acceptable but not Medically Necessary

Provision of this level of service will be decided on a case-by-case basis.

Definition: Care for non-fatal conditions where treatment may improve quality of life for the patient.

Examples include, but are not limited to:
• Routine hernia repair
• Treatment of non-cancerous skin lesions
• Corneal transplant for cataract
• Hip replacement

Authorization:
Off-site procedures and therapies for chronic diseases from Level 3 when deemed appropriate for treatment by the institutional Health Practitioner will be referred to the Medical Director for clinical review and approval.
Level 4: Limited Medical Value

Treatment of limited medical value will not be provided to inmates by AK-DOC.

Definition: Care that is valuable to certain individuals, but significantly unlikely to be cost-effective or to produce substantial long-term gain. This includes treatment of minor conditions where treatment merely speeds recovery, gives little improvement in quality of life, offers minimal reduction of symptoms, or is exclusively for the convenience of the individual.

Examples include, but are not limited to:
- Tattoo removal
- Elective circumcision
- Minor nasal reconstruction (e.g. correction of a deviated septum).

Authorization:
Care and treatment will not be authorized by AK-DOC.

B. Exceptions

There will be occasions when the level of care of a certain disorder will be unclear or when it is not appropriate to apply the levels of care to an individual patient. There may be occasion when it may not seem appropriate to provide care for a Level 2 diagnosis, or it may seem appropriate to provide care for a Level 4 case. Any individual case or proposed therapy can be reviewed for appropriateness, second opinion, approval or denial of coverage, etc., by submitting a request to the Medical Director for clinical review.
IV. INMATE HEALTH CARE RIGHTS & RESPONSIBILITIES

All inmates incarcerated by the Alaska Department of Corrections have certain rights and responsibilities. Inmates who understand these can contribute to the effectiveness of treatment and to the quality of patient care. The following is a list of Inmate Health Care Rights and Responsibilities that reflect the Department's concern and commitment to the inmate as a patient and a human being.

Inmate Health Care Rights

- The inmate has the **right** to be able to access easy-to-understand information about the Inmate Health Plan.

- The inmate has the **right** to access considerate care that respects the individual's dignity, values, and beliefs regardless of race, creed, sex, or national origin.

- The inmate has the **right** to have his medical condition explained in understandable terms concerning diagnosis, treatment, prognosis, and plans for follow-up care.

- The inmate has the **right** to know the name and professional status of all individuals providing patient services.

- The inmate has the **right** to have an advance directive, such as a living will, and participate in ethical issues such as withholding resuscitation and forgoing or withdrawing life-sustaining treatment.

- The inmate has the **right** to informed participation in decisions regarding care based on information about the diagnosis, treatment and prognosis if known including the **right** to refuse treatment under ordinary circumstances.
• The inmate has the **right** to know the proposed treatment plan. This includes general information; for example, a plan to hospitalize and repair a hernia. The specific details such as the hospital, date and time of the procedure will not be disclosed to the inmate.

• The inmate has the **right** to have information released to community medical professionals on discharge from the AK-DOC.

• The inmate has the **right** to information on how to file a complaint or grievance.

**Inmate Health Care Responsibilities**

• The inmate has the **responsibility** to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.

• The inmate has the **responsibility** to bring to the attention of medical staff specific concerns and or medically-related problems.

• The inmate, to the maximum extent possible, has the **responsibility** to act with consideration and respect.

• The inmate, to the maximum extent possible, has the **responsibility** to report unexpected changes in the inmate's condition to the responsible health professional.

• The inmate, to the maximum extent possible, is **responsible** for making it known whether he/she clearly understands a recommended course of action and what is
expected of him/her. Furthermore, the inmate is responsible for asking questions about any information that the inmate does not understand.

- The inmate, to the maximum extent possible, is responsible for following the treatment plan recommended by the health care provider responsible for the inmate’s care. This includes following the instructions of Nurses and allied health personnel.

- The inmate, to the maximum extent possible, is responsible for keeping appointments and, when the inmate is unable to do so for any reason, notifying medical.

- The inmate, to the maximum extent possible, is responsible for what happens if the inmate refuses treatment or does not follow the providers’ instructions and must accept the consequences of not following the recommended treatment plan.

- The inmate, to the maximum extent possible, is responsible for following the AK-DOC rules and regulations affecting patient care and conduct.

V. CO-PAYMENT FOR MEDICAL & DENTAL SERVICES

All medically necessary care, as determined by a licensed health care provider, is available to all inmates in the custody of the Alaska Department of Corrections (AK-DOC). The Medical, Mental Health and Oral Health Care Standards of Care as set forth by Inmate Health Services define the level of services and care available. For each new medical, dental or mental health encounter a charge of $4.00 will be billed to the inmate. Follow-up appointments for the same problem will not be charged.
No charge will be assessed for testings for pregnancy, HIV, AIDS, tuberculosis, sexually transmitted diseases, or other communicable diseases. Also, no charge will be assessed for injuries sustained from work performed for the Department or from an assault or violation of facility rules or state law by another prisoner. No charge will be assessed for services initiated by health care providers or for services for communicable diseases or pregnancy.

Inmates will be billed $4.00 for any number of initial prescriptions ordered at the same time. Prescriptions will be valid for up to 90 days. $4.00 will also be billed for any number of changes to or renewals of prescriptions ordered at the same time.

The use of medical equipment available in a facility, such as crutches or Neoprene braces, will result in a charge of $4.00 per use. The use of medical equipment not available in the facility will result in a charge of $20.00.

Health care services provided for injuries incurred in sports activities will result in a charge of $4.00 if the activity was recommended against by a health care provider.

An inmate’s inability to pay will not be used to restrict his access to health care services or necessary procedures or prescriptions. An inmate who is unable to pay will be billed and his account will be accessed when funds become available. (Reference AK-DOC Policies and Procedures: 807.07 for complete details.)

The Department may seek to have medical expenses provided or paid for by third-party coverage.

An inmate may challenge a charge by submitting a written appeal to the health care officer in the facility within three working days of receiving notice of the charge.
Per AK-DOC policy, individual inmates are not permitted to pay for “elective” medical, dental or cosmetic procedures. “Elective” procedures are those that are not considered necessary for the maintenance of basic medical and oral health. (See Services Not Provided infra.)

This policy is based upon several premises:

- All medically necessary medical and dental care shall be provided to all inmates.
- Only necessary care is recognized as a “basic right” in the system.
- Allowing the purchase of additional care would create a “two-tier” system for health care, which would conflict with Department policy.
- The AK-DOC minimizes off-site care to minimize the security risk presented by inmates in its custody.
- The AK-DOC has neither the mechanism nor the administrative support to oversee a billing and payment system involving non-medically necessary care and procedures.

VI. DEFINITIONS OF MEDICAL TERMINOLOGY AND PROVIDED SERVICES

Access to Care

Access to health care in order to meet the serious health needs of inmates is the principle upon which all Alaska Department of Corrections Inmate Health policies, procedures, and standards are based.

Ambulatory Care

Ambulatory care is all care that is provided in an on-site clinic or health care setting rather than in a community hospital or medical facility.
Chemical Dependency
Chemical dependency refers to the state of physiological or psychological dependence on alcohol, opium derivatives, synthetic drugs with morphine-like properties (opiates), stimulants, and depressants.

Chronic Care
A medical service provided to a chronically ill patient. The goal of chronic care is to restore and maintain a person’s activities of daily living to the fullest extent possible.

Chronic Illness
An illness developing slowly and persisting for a long period of time, often the remainder of the individual’s lifetime. Long term care and treatment is required. The illness is usually not cured. Examples of some chronic illnesses include asthma, heart disease, diabetes, and hypertension.

Community or Off-Site Hospital Care
In-patient and out-patient hospital care provided for an illness or condition at a licensed hospital or medical center in the community.

Communicable Diseases
Communicable diseases are transmitted from one person to another person directly or indirectly and are contagious. Communicable diseases are transmitted sexually, through the respiratory system (airborne), or by infected blood (bloodborne). In order to control a communicable disease, it is important to identify the organism, prevent its spread to the environment, protect others against contamination, and treat the infected
person. Many communicable diseases must be reported to the local health department by law.

**Community Provider**

A licensed health care professional who practices in the community and also provides specialty services to inmates either on-site or off-site in a hospital or office.

**Cop Out**

See “Sick Call Slip.”

**Cosmetic Services**

Procedures, treatments or surgeries designed to improve or enhance an individual's appearance that are not reconstructive.

**Dental Examination**

Dental examination includes reviewing the patient’s dental history and examining the hard and soft tissues of the oral cavity with a mouth mirror, explorer, and adequate illumination. X-ray studies for diagnostic purposes may be taken if necessary.

**Dental Screening**

Visual observation of the teeth and gums performed by a dentist or health services staff properly trained and designated by a dentist.
Detoxification
The process of providing treatment to gradually withdraw a patient's body from the toxic effects of chemical substances, such as alcohol or drugs that the patient is physically dependent upon.

Durable Medical Equipment
Durable medical equipment includes all non-disposable medical supplies and equipment. A prosthetic device is a medical or dental appliance designed to serve as an artificial replacement for a body part or function or as an adjunct to such function. Prosthetic devices include, but are not limited to: artificial limbs, dentures, hearing aids, pacemakers, orbital spacers, eyeglasses, contact lenses, orthopedic braces or shoes, walkers, canes, and wheelchairs.

Elective Procedures
Health care procedures that are considered optional within the standards of accepted medical practice. These procedures are not necessary for the maintenance of basic medical and oral health.

Emergency
A serious situation that arises suddenly and threatens the life or welfare of a person, such as a medical crisis that requires immediate medical treatment either on-site or in a hospital, and cannot be deferred until the next scheduled sick call or clinic.

Facility
Correctional Facility: Any prison or pre-trial institution as designated by the Alaska Department of Corrections.
Medical Facility: An acute care hospital, specialty hospital, skilled nursing facility, intermediate care facility for the mentally retarded, rehabilitation facility, inpatient psychiatric facility, home health agency, rural health clinic, or outpatient surgical clinic.

Formulary
A written list of prescription and nonprescription medicines stocked by the AK-DOC.

Health Assessment
The process by which the health status of an individual is evaluated.

Health Care
The sum of all actions, preventative and therapeutic, that are taken for the physical and mental well being of a patient. Health care includes medical, dental, and mental health.

Health Services Staff
All qualified health care professionals, as well as administrative and support staff.

Hospice Care
A system designed to assist a chronically ill person to be comfortable and to maintain a satisfactory life style through the terminal phases of dying.
Infirmary

An area within the confinement facility accommodating two or more inmates for a period of 24 hours or more, expressly set up and operated for the purpose of caring for patients who are not in need of hospitalization, but whose care cannot be managed safely in an outpatient setting.

Informed Consent

The agreement by a patient to a treatment, examination, or procedure after the patient receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure and the alternatives to it. For invasive procedures where there is some risk to the patient, informed consent is documented on a written form containing the inmate’s signature. The right to refuse treatment is inherent in this concept.

Inmate

For the purpose of this health plan, an incarcerated person confined to a prison or pre-trial facility under the custody of the Alaska Department of Corrections or its agencies.

Medical Classification

A system of medically organizing inmates and illnesses with similar characteristics into categories in order to structure health care services to best serve the population.

Medically Necessary Care

Care that is determined by a healthcare provider to be:

- Consistent with the standards of care of the Department of Corrections,
- Ordered by an authorized healthcare provider,
• Required to prevent further deterioration in the inmate’s health resulting in permanent functional impairment if not rendered during the time of incarceration or necessary to relieve unmanageable pain,
• Not considered experimental or adequately supported by medical evidence to demonstrate efficacy, and
• Not administered solely for the convenience of the inmate or the health care practitioner.

**Oral Hygiene**

Procedures taken to protect the health of the mouth and chewing apparatus, such as brushing and flossing of teeth.

**Physical Disabilities**

Mobility impairments (such as amputations, paraplegia) or other disabilities that limit a person’s daily functioning (such as visual impairments, hearing impairments, and speech impairments).

**Pre-existing condition**

Any health condition or injury existing prior to the inmate’s incarceration at a Department facility.

**Prosthetics**

See “Durable Medical Equipment.”
Qualified Health Care Professionals
Physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

Qualified Mental Health Professionals
Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Reconstructive Services
Medically necessary procedures, treatments or surgeries provided for the purpose of maintaining or restoring lost function.

Self-Care
Care for a condition that can be treated by the inmate and may include over-the-counter medication.

Keep-on-Person (KOP) Self Medication Program
Programs that permit responsible inmates to carry or self-administer their own medications.
Sick Call
An opportunity for the inmate to receive health care services by initiating a visit with a health care provider during a designated time of the day. Health care requests are evaluated and treated in a clinical setting. This is the system through which each inmate reports for and receives appropriate health services for non-emergency illness or injury.

Sick Call Slips (Cop-Outs)
Sick call slips are documents filled out by inmates to initiate a visit with a health care provider.

Terminally Ill
Patients whose life expectancy is generally less than one year due to illness and who may require special health services to provide comfort, relief from pain, and special support in anticipation of death.

Treatment Plan
A series of written statements specifying the particular course of therapy and the roles of qualified health care personnel in carrying it out. Treatment plans are individualized, typically multi-disciplinary, and based on an assessment of the patient’s needs. Short- and long-term goals are identified, as well as the methods by which these goals will be pursued. When clinically indicated, the treatment plan gives inmates access to a range of supportive and rehabilitative services that the treating practitioner deems appropriate.
Triage
The process of sorting out and classifying inmate-patient health complaints to determine the kind of illness or injury, the severity of the problem, priority of need, and the proper place for treatment.

Universal Precautions
Recommendations that require health care workers to consider all patients as potentially infected with bloodborne pathogens and to follow infection control precautions intended to minimize the risk of exposure to blood and certain other body fluids of patients.

VII. DESCRIPTION OF PROVIDED SERVICES

A. Medical and Surgical Services

Services provided when medically necessary as determined by a licensed health care provider and approved by central office. These services include, but are not limited to:

- Specialty consultations including diagnostics, treatment or second opinions, provided on-site in the clinic or in-patient infirmary or off-site at a community provider office, health care facility or hospital.
- Emergency room services.
- Surgical and anesthesiology services.
- Vision examinations for prescribing corrective lenses.
- Dispensing and fitting eyeglasses.
- Eyeglass frames and lenses.
- Physical therapy.
• Radiology, ultrasound, diagnostic imaging, nuclear medicine, laboratory and other diagnostic services.
• Magnetic Resonance Imaging (MRI) services when prior authorization is obtained.
• Wound-care, casts and related supplies.
• Audiology services and hearing aids.
• Speech-language pathology services.
• Anesthesia and oxygen services.
• Blood products and related services.
• Radiation therapy and chemotherapy.
• Pharmacy services, including both prescriptive and over-the-counter medications as deemed medically necessary.

Covered inpatient hospital services include:
• Routine daily hospital services.
• Drugs prescribed by the attending physician.
• Central service supplies.
• Treatment trays, dressings, use of equipment ordered by the attending physician.
• Operating room services and surgical supplies.
• Anesthesia and recovery room services.
• Normal and cesarean delivery services and supplies.
• X-ray, laboratory, and physical therapy.
• Respiratory therapy.
• Electroencephalography and electrocardiography.
• Occupational therapy, speech-language pathology services, audiology services and evaluations and related diagnostics.
B. Mental Health & Psychiatric Services

Mental health and psychiatric services will be available at any time during incarceration. Department medical staff or health care practitioners may make referrals.

Upon admission to the correctional system, each inmate will receive an initial mental health screening to determine the presence of any mental health condition. Placement at a facility may depend on the inmate’s need for further evaluation or treatment, the severity of the illness, and the level of care required.

Mental health care may include group or individual counseling, psychiatric consultation, prescribing of psychotropic medications, individualized behavioral therapy, and case management and support services (i.e., jobs housing and discharge planning). These services may be provided in general population or within the Department’s acute and sub-acute mental health units.

C. Oral Health (Dental) Care

Oral health care is provided upon admission into the Corrections system. An initial oral healthcare exam, including periodontal screening, will be provided and a treatment plan initiated as necessary. Dental services will be provided by appointment only except in the event of an emergency. A dental emergency is defined as severe pain, uncontrolled bleeding, an acute infection, or injuries to the teeth, gums or jaw. When emergency dental care is needed, the medical staff on duty shall be notified. A full description of the “Guidelines for Dental Care” is available at the inmate library at each facility.

D. Pharmacy Services
Pharmacy services include prescription medications as ordered by a licensed health care practitioner and over-the-counter medications as recommended for symptomatic relief by a member of the medical staff. Some inmates may be considered appropriate to participate in the “keep on person” (KOP) medications program. Their medications will be distributed to them via blister packs. Most medications are distributed through a medication or pill-line in coordination with the institutional routine. This may include a “self-medication medical line” (SM-ML). Medications for inmates in restricted and segregated housing will be administered by nursing staff.

An inmate's refusal to take a medication or "no-show" at a medication-line for three consecutive doses will result in a counseling appointment with healthcare staff. Continued non-compliance with prescribed medications will result in discontinuing the medication.

E. Special Needs

Special needs services are available for inmates with disabilities, severe chronic health problems, and for elderly inmates. These services may include oxygen therapy, wheelchairs, walkers and other devices.

F. Durable Medical Equipment

Durable Medical Equipment, prosthetics, orthotics and supplies are provided when medically necessary as determined by the health care provider to treat or correct a specific condition. Any equipment provided remains the property of the Department. The inmate is responsible for the equipment and any willful or negligent damage, destruction or loss of the device will be considered grounds for disciplinary action, which may include payment for cost or repair. Equipment will be replaced when necessitated by normal wear or change in the condition necessitating the equipment.
G. Vision Care

Vision care is available as necessary. Routine vision care is also provided. A vision exam may be requested not more often than every two years. This exam includes refraction testing and the provision of lenses and frames to correct refraction error, and other medically necessary services, supplies and equipment. Any willful or negligent damage, destruction or loss of glasses will be grounds for disciplinary action, which may include payment of cost of repair or replacement.

The Department shall provide eyeglasses as necessary to ensure that an inmate's vision is at least 20/200 in the prisoner's better eye. If the prisoner is wearing lenses that do not correct to this extent, the Department will provide replacement glasses. Any prisoner whose vision is at least 20/200 in his better eye must be incarcerated for a period of 30 days before eyeglasses will be provided by the Department. After 30 days, the Department will furnish eyeglasses to any prisoner who needs corrective lenses, as determined by appropriate health personnel.

H. Hearing Care

Hearing care is provided when medically necessary.

I. Maternity Care

Maternity Care for pregnant inmates will be provided through access to comprehensive obstetrical health care during incarceration. Obstetrical care will be arranged with an obstetrician when pregnancy is confirmed by a urine or blood pregnancy test.

Obstetrical care is coordinated through the Institutional Health Care Officer at each facility. Prenatal visits will be determined at the clinical discretion of the physician.
Prenatal visits are performed during the first 28 weeks, then more frequently as medically indicated until delivery. Routine postpartum follow-up visits are scheduled after delivery. The date and time of any scheduled doctor’s visits or hospital procedures, however, will not be disclosed in advance to the inmate.

Prenatal counseling and education will be offered to all pregnant inmates. Counseling and education is designed to provide pertinent information that will enable the pregnant inmate to assume more responsibility, share in decision-making, and actively participate in the birth of the baby.

While the inmate is hospitalized after delivery, physical contact with the newborn may be restricted, in whole or in part. Upon discharge from the hospital, inmates will not be permitted to bring their newborn back to the correctional facility. Visitation at the correctional facility will be in accordance with AK-DOC policy. Each inmate is required, with staff assistance, to arrange for the custody of the child prior to delivery. Inmates who wish to place their child for adoption or foster care will be offered information regarding available options.

Discharge planning for future obstetrical care will be discussed with each individual prior to release, regardless of whether release is prenatal or postnatal. Any pertinent health care records will be forwarded to the inmate’s future health care provider to ensure continuity of care. Each inmate, however, will be required to sign a release of information to authorize release of the medical record.

**Provided Obstetrical Care:**

- Pregnancy testing
- Routine prenatal care
- High-risk prenatal care
• Vaginal or cesarean delivery
• Postpartum care and follow-up
• Family planning and birth control counseling prior to parole or discharge

**Authorized Maternal Hospital Length of Stay:**

• Determined by clinical condition and medical indication

**Services Not Provided:**

• Procedures intended solely for the determination of the sex of the fetus
• Hospital and medical expenses of the newborn
• Autopsy or funeral/burial expenses resulting from death of the fetus
• Non-therapeutic sterilizations, including hysterectomies for sterilization purposes
• Non-therapeutic abortions.

**J. Preventative Care**

Preventative care is medical care that is delivered with the intent to prevent the development of specific medical conditions. It is delivered prior to the development of a symptom, complaint or disease process with the intent to prevent its development. As a general rule, these services are reserved for sentenced inmates because these services represent interventions that impact upon the chronic long-term health status of an individual, which is not usually applicable to un-sentenced persons. Exceptions include tests and examinations such as the TB skin test, voluntary HIV testing, and testing for sexually transmitted diseases.
VIII. SERVICES NOT PROVIDED

The following is a partial list of services not provided by the Alaska Department of Corrections. This list is not complete. It is provided to inform inmates of AK-DOC policies. AK-DOC will provide only services that are medically necessary. Medical services and hospitalizations must be specifically approved by AK-DOC Central Office or needed due to a medical emergency. In specific instances where medical necessity can be demonstrated exceptions may be granted.

Services not provided by AK-DOC include, but are not limited to:

1. Plastic or cosmetic surgery or services for beautifying or enhancement purposes.

2. Contact lenses and tinted or prescription sunglasses unless medically necessary.

3. Radial keratotomy (laser surgery of the eye to correct vision that can be corrected by usage of prescription lenses).

4. Pharmaceuticals that are not on the formulary (except in cases of medical necessity).

5. Pharmaceuticals that are experimental, investigational or not approved by the U.S. Food and Drug Administration (FDA) for general usage or are otherwise not generally recognized as suitable or appropriate for treatment of the diagnosed medical condition.
6. Experimental research or educational procedures and services inconsistent with customary standards of medical practice or not commonly used, including diagnostic and therapeutic procedures.

7. Rhinoplasty (nose surgery), including nasal septum deviation correction unless medically necessary.

8. Special footwear unless medically necessary.

9. Chiropractic services.

10. Weight loss programs related to the treatment of obesity or weight reduction.

11. Sterilization including hysterectomies performed for sterilization purposes only.

12. Smoking cessation services.

13. Elective surgery that is not medically necessary (including an elective abortion).


15. Impotence treatment or services.

In-patient hospital services not provided by AK-DOC include:

1. Medical, surgical, and dental services that can be performed on an out-patient basis.
2. Hospital stays solely for observation.

3. Personal services not normally associated with hospital care, such as long distance telephone calls, television rental, guest meals, and personal items.

4. Diagnostic tests that can be performed on an out-patient basis before admission.

5. Diagnostic tests that do not relate to the diagnosis and treatment of the illness for which the patient is admitted to the hospital.

6. In-patient dental services that are not for the immediate relief of pain or acute infection.

7. In-patient services for recipients no longer requiring acute in-patient care except when long-term care is not available at the level of care appropriate for the recipient.

8. Days of care due to failure to promptly request necessary diagnostic studies, medical or surgical procedures, or consultations.

9. Medications and supplies that are to be consumed or used after the patient leaves the hospital facility.

IX. Access to Medical Care for Alaska Inmates Housed in State and Private Facilities

The following outlines the manner in which inmates can gain health care access for routine, non-urgent medical care. "Urgency" and "medical necessity" are determinations that are primarily uniquely within the domain of trained medical professionals. Certain problems, however, may be compelling enough to allow a lay person with "common
sense" to ascertain the need for immediate medical care. Examples include traumatic injury, active bleeding, and alterations in the level of consciousness.

Alterations in comfort level are not examples of medical necessity or urgency. The common cold, headaches, menstrual cramps, indigestion and minor aches and pains, and a number of other self-limited conditions do not require medical intervention, emergent or otherwise. The importance of this distinction rests with the fact that unlimited access to immediate medical care has a negative impact on the ability of the medical unit to deliver the necessary level of care to those who are truly in need with serious medical conditions. Examples of serious medical conditions include those with cardiac and respiratory diseases, those who are acutely injured, those with serious infectious diseases, and those who are medically classified as "frail."

All staff and inmates in a facility should understand how medical care is accessed in the facility. These policies are not punitive. Instead, they are designed to assure access to needed medical care in an orderly, cohesive fashion.

Access to medical care must be “triaged” (i.e., assessed and sorted according to priority) based on the degree of medical need in order to ensure the effective delivery of medical services.

A. Health Assessment

Inmates are to receive a focussed health assessment within fourteen (14) days of incarceration unless medically indicated prior to that time. Routine lab studies and tests are administered according to age and findings. Depending on diagnosis, an inmate may then be assigned to a chronic medical clinic for follow-up. Depending upon circumstances, this process may be repeated as needed, completely or partially.

B. Sick Call Slips (Cop-Outs)
To ensure that inmates have access to qualified healthcare providers for non-emergency healthcare needs the following policies are in place for handling of non-emergent healthcare:

- In order to be seen by a nurse, an inmate must place a sick call slip in the box outside the Medical Unit. The facility where the inmate is housed may have specific rules about the timing of sick call slips; that information will be provided at the site.

- Sick call slips (cop-outs) are prioritized based on the severity of the complaint and scheduled by housing unit. If an inmate’s complaint merits more immediate attention, the inmate will be scheduled with the appropriate medical practitioner.

C. Sick call

Sick call will be made available to inmates for the treatment by qualified healthcare staff of non-emergent health problems at all sites.

- Evaluation of an inmate with a non-urgent healthcare problem will be within 24 hours (72 hours on holidays and weekends) after the request is reviewed and evaluated.

- Sick call will be held regularly with variable frequency from 3-5 days a week, depending on the site.

- Any inmate who has been seen in sick call more than twice for the same complaint but who has not yet seen a practitioner will be scheduled with a mid-level practitioner or physician for evaluation.

- Inmates requiring referral to the physician will be seen within seven days of the original complaint.

- Nursing protocols will be utilized for appropriate health care complaints.
D. Chronic Care Clinics

Chronic Care Clinics are designed to provide continuity of care to inmates with chronic illnesses. Chronic clinics are available to address endocrine, cardiovascular, pulmonary, neurology, infectious diseases, general medicine, women's health care, pregnancy and special needs diagnoses.

- Inmates will be scheduled by the nurse or physician for the appropriate clinic when a chronic disease is identified.
- Initial evaluations will be conducted by the physician.
- Chronic clinic visits will be scheduled at least every 3 months. Inmates will be seen more frequently if medically indicated.
- Nurses may conduct chronic clinics and will refer to the physician when appropriate according to the inmate's condition.

E. Medication Lines

Medication Lines are designed for the purpose of administering over-the-counter and prescribed drugs to patients. They are held at specified times to promote efficiency; medication distribution requires extensive nursing time and energy. While it is desirable for an inmate to adhere to a medication schedule, missing one or two doses of a medication in most medical conditions is not a cause for alarm and does not constitute a medical urgency. Exceptions include conditions such as diabetes that requires insulin, which must be taken on a schedule at risk of potentially serious medical consequences.

- Medication lines are available on a regular schedule. It is the responsibility of the inmate to be present at the medical unit to receive his or her medication. Failure to do so will generally result in the inmate having to wait until the next scheduled medication line for administration.
• Non-prescription medications that are available through nursing protocols will not be administered to those who fail to attend the medication line during its posted operating hours. Inmates with medical conditions that usually require medication doses not be missed who fail to attend the medication line will be assessed on a case-by-case basis to determine whether the medication can be missed.

F. Emergency Care

Emergency care is available 24 hours a day. Medical problems that can be handled through the normal sick-call process will not be treated as emergencies. Problems assessed by a qualified health care provider to be medical emergencies will be treated immediately on-site or by transfer to a community-based clinic or emergency room. If necessary, transport will be carried out by ambulance. A physician will be available on-call 24 hours a day, 7 days a week.

X. PATIENT EDUCATION AND RISK REDUCTION

Examples of self-limited, common problems, which generally do not require physician or mid-level evaluation include the following:

• Abrasions and minor cuts
• Acne
• Asthma that is controlled with an inhaler
• Athlete’s foot
• Back pain
• Bites – insect
• Blisters
• Boils
• Burns – first and second degree
• Callus
• Chest pain – musculoskeletal
• Chest pain – inspiratory
• Constipation
• Contusions
• Cough
• Dandruff
• Dermatitis
• Diarrhea
• Earache
• Flatulence, heartburn, belching
• Hay fever/allergic rhinitis
• Headache
• Heat exhaustion
• Hemorrhoids
• Insomnia
• Superficial fungal infections of the skin
• Lice
• Menstrual cramps
• Nausea and vomiting
• Premenstrual syndrome
• Scabies
• Shave bumps
• Sore throat
• Sprain
• Toothache
• Urinary tract infection
• Vaginal discharge

The following are examples of serious medical conditions for which a nurse begins treatment while awaiting arrival of a physician or ambulance:

• Anaphylactic reaction (a severe allergic reaction)
• Insulin shock or reactions
• Fractures
• Heat stroke
• Chest pain – Cardiac (heart disease)

XI. SUMMARY

All inmates shall be afforded appropriate access to medical care services. Except in instances of true emergencies, the rules and process for such access must be followed. Failure to do so disrupts the delivery of medical services to those who require them. All medically necessary care will be delivered in a timely manner. The definition of “medical necessity” is one that is determined by trained healthcare professionals. While an inmate may disagree, personal alterations in comfort do not necessarily rise to the level of a medical emergency. Self-limited conditions occur frequently throughout one’s life, but medical professionals are not called upon to evaluate every ache and pain. The same is true in the prison setting. Medical services exist to meet the medical needs of inmates; abuse by over-utilization jeopardizes the ability of the Department to provide these services.
Each inmate is ultimately responsible for his or her own health care. This means that all inmates must use the means provided to access services, take medications as prescribed and keep clinic appointments. It also means not seeking routine services outside of the timetables established by the medical staff.

The combined cooperation among security, medical staff and inmates is essential to assuring the success of the mission of prison healthcare.
## Appendix

### Service level comparison by sentence status or time remaining in system

<table>
<thead>
<tr>
<th>Service</th>
<th>Un-sentenced</th>
<th>Sentenced</th>
<th>&lt; 18 months remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth extraction-Pain</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental hygiene</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Full Dentures</td>
<td>No</td>
<td>Yes</td>
<td>Depends</td>
</tr>
<tr>
<td>Partial repair</td>
<td>No</td>
<td>Depends</td>
<td>Depends</td>
</tr>
<tr>
<td>Pre-existing bridgework</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-emergency hernia</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Repair of nasal septum</td>
<td>No</td>
<td>Depends</td>
<td>Depends</td>
</tr>
<tr>
<td>Preventive screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammograms, Prostate colon cancer, Pap</td>
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<td>Yes</td>
<td>Depends</td>
</tr>
<tr>
<td>Medical screening for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB, sexually transmitted diseases</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>No</td>
<td>Depends</td>
<td>Depends</td>
</tr>
<tr>
<td>Prenatal Care</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Treat diabetic retina</td>
<td>Depends</td>
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<td>Yes</td>
</tr>
<tr>
<td>Keratotomy</td>
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<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Stomach bypass</td>
<td>No</td>
<td>Depends</td>
<td>No</td>
</tr>
<tr>
<td>Preexisting knee condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preexisting shoulder condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-urgent surgery</td>
<td>No</td>
<td>Depends</td>
<td>No</td>
</tr>
<tr>
<td>Experimental treatments</td>
<td>No</td>
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<td>No</td>
</tr>
<tr>
<td>New Hepatitis C treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Assumes criteria met)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Service level comparison by Sentence status or time remaining in system

<table>
<thead>
<tr>
<th>Service</th>
<th>Un-sentenced</th>
<th>Sentenced</th>
<th>&lt; 18 months remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV infection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Continuation of treatment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New HIV treatment</td>
<td>Depends</td>
<td>Yes</td>
<td>Depends</td>
</tr>
<tr>
<td>No approved drugs</td>
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<tr>
<td>Generic drug treatment</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Practitioner approved</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>