I. **Authority**

In accordance with 22 AAC 05.155, the Department will maintain a manual comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

II. **References**

<table>
<thead>
<tr>
<th>Alaska Statutes</th>
<th>AS 33.30.028</th>
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<tbody>
<tr>
<td><strong>Alaska Administrative Code</strong></td>
<td>22 AAC 05.121</td>
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III. **Purpose**

To establish uniform procedures within the Department for charging prisoners medical fees.

IV. **Application**

Staff and Prisoners

V. **Definitions**

As used in this document, the following definitions shall apply:

A. **Health Care Staff**

Health care staff includes physicians, psychiatrists, psychologists, emergency medical technicians, physician assistants, registered or practical nurses, advanced nurse practitioners, dentists, dental assistants, dental hygienists, optometrists, pharmacists, mental health clinicians, clinical social workers, psychological associates, dispensing opticians, physical therapists, and occupational therapists.

B. **Over-the-Counter Drugs**

Over-the-counter (OTC) drugs are those medications that do not require a prescription, such as acetaminophen and ibuprofen.

C. **Necessary Health Care**

Necessary health care is care without which the inmate’s condition could not be maintained without significant risk of further serious deterioration or without significant pain or discomfort.

VI. **Policy**

A. The Health Care Administrator and the Division of Institutions Director shall develop, implement, and monitor a system to charge for medical, dental, mental health, nursing and optical consultations, examinations, and treatments.

B. The Department will provide all prisoners the opportunity to report a medical need or other health problem and receive necessary health care services as determined by the health care staff. Services will be provided before any charges are levied. A prisoner may not be denied necessary health care services because the prisoner is unable to pay or arrange for payment for the services.

C. A prisoner may challenge the cost of health care services as outlined in Procedures I below.

D. All prisoners incarcerated by the Department have health care rights and responsibilities. The Department will provide a copy of the inmate health plan to each prisoner at the time of the 14 days health examination. Receipt of the plan shall be documented in the prisoner’s health care progress notes.

VII. **Procedure**

A. No charge for Access to Sick Call
All prisoners, including those on furlough and in restitution centers, may attend sick call. See Policies 818.02 (Furlough), 818.04 (Community Programs), and 807.02 (Access to Health Care Services). There shall be no charge for these visits unless they result in a specific health care procedure for which there is a charge.

1. The Superintendent shall establish special procedures for prisoners posing a security risk in order to ensure access to sick call.
2. Prisoners in administrative or punitive segregation shall have the same access to sick call as other prisoners. Health care staff shall visit the segregation unit daily and record each visit in the segregation log in accordance with 1208.11 Permanent record Logs.

B. Co-Payment Charges for Health Care Visits
Prisoners will be charged a co-payment fee of five dollars ($5.00) for each visit by the prisoner to health care staff, except as set out in E. below. A prisoner with a chronic condition requiring ongoing treatment will be charged for the initial visit, but not for follow up visits for the same condition, even if the prisoner is transferred to a different facility. If, however, the prisoner is with the Department for more than one year, the prisoner will be charged a co-payment fee of $5.00 once each year for ongoing treatment of the chronic condition. Furthermore, if during a routine follow-up treatment or examination for a chronic condition, a new health problem is identified, a co-payment fee of $5.00 will be charged for the treatment of the new condition.

C. Co-Payment Charges for Other Services
1. Prisoners will also be charged a co-payment fee of five dollars ($5.00) for initial prescriptions and for changes in prescriptions. The number of prescriptions does not change the price; e.g., if five prescriptions are filled at one time, the co-payment fee is five dollars ($5.00). Prescriptions will be valid for up to 90 days. Thereafter, a new prescription will be required for which a five dollar ($5.00) co-payment fee will be assessed. Prisoners will not be charged a co-payment fee for initial prescriptions, changes, or renewals of prescriptions for psychotropic drugs used to treat schizophrenia, bipolar, and other psychotic disorders.
2. Five dollars ($5.00) will also be charged for each visit for sports related injuries when the injury resulted from prisoner participation sports activities recommended against by the health care staff.
3. Five dollars ($5.00) will also be charged for the use of medical equipment available in the facility, such as crutches or Neoprene braces.
4. Twenty five dollars ($25.00) will be charged for the use of medical equipment not available in the facility.

D. Medical Expenses Charged to Prisoners
Notwithstanding any other provision to the contrary, a prisoner may be charged for the full cost of health care services resulting from a self-inflicted injury or injury to another prisoner resulting from an assault or other violation of facility rules or state law by the prisoner. This charge will occur only after a prisoner has been found:
1. To have committed a rule infraction by a disciplinary tribunal or hearing officer, and the finding was upheld on appeal within the department, or the time for appeal has expired; or
2. By a court to have violated state law.

E. Prisoners Exempted from Certain Medical Charges
1. No prisoner is financially responsible for the following health care services:
   a. Admission health appraisals and physical exams;
   b. Education Services provided by health care staff;
   c. Medication line visits;
   d. When symptoms exist, testing and treatment of staph infections;
   e. Testing for pregnancy, HIV, AIDS, TB, sexually transmitted diseases, or other communicable diseases; or
   f. Requests for OTC drugs from health care staff.

F. Co-Payment Fee Billed to Other Parties
A prisoner is not financially responsible for the co-payment fee for the following health care services, so long as the prisoner arranges for the Department to obtain payment from one or more of the responsible parties set out below:
1. Services for injuries or repair or replacement of medical equipment, unless due to loss or improper care by the prisoner, resulting from:
   a. Work performed for the Department; or
   b. An assault or other violation of institutional rules by another prisoner;
2. Services initiated by the health care staff;
3. Treatment for communicable diseases and pregnancy; and
4. Treatment for a chronic disease or medical or mental condition where, in the opinion of the Department after consulting with appropriate health care staff, the potential for harm to the prisoner is substantial if treatment is delayed.

Responsible parties include:
   a. Individual or group health insurance providers;
   b. Veteran Affairs (VA);
   c. Department of Health and Social Services as payer for Welfare benefits;
   d. Native American Health Services (United States Public Health Services, Indian Health Services, etc.); and
   e. Parent or guardian, if the prisoner is under the age of 18.

G. Over-the-Counter (OTC) Drugs Availability to Prisoners
Prisoners are not required to initiate a visit with health care staff to obtain OTC drugs. The institution’s Superintendent, in consultation with the Institutional Health Care Officer, shall establish an SOP covering:
1. The purchase of OTC drugs by prisoners in the commissary;
2. The maximum number and types of OTC drugs that a prisoner may purchase and possess;
3. An opportunity for the Institutional Health Care Officer to restrict an inmate’s access to OTC drugs in instances when it is medically indicated (e.g., a prisoner with end-stage liver disease should be prohibited from obtaining acetaminophen); and
4. The costs of OTC drugs, which, to the extent possible, shall be the same in all institutions.

H. Administrative Requirements
1. A Health Services Charge Voucher Form 807.07A will be completed for each visit made by a prisoner to health care staff. Health care staff shall insure that the form is completed and the necessary charges are assigned. Health care staff are required to record the prisoner’s OTIS number and date of birth and the date, time, and location of service, and
obtain the signature of the prisoner. If the prisoner refuses to sign the charge voucher, health care staff shall not sign this on the signature block for the prisoner. The white original of the voucher shall be sent to data entry after a 3-day waiting period. The yellow copy shall be given to the prisoner at the end of the visit. The pink copy shall be retained in the medical department.

2. Prisoners in correctional centers will have payment fees deducted from their OTA accounts at least once per month. Prisoners on furlough and in restitutions centers who receive medical care will have payment fees deducted from their personal accounts at the community residential centers. Payment will then be made to the Department of Corrections Contract Oversight Officer by the 20th of each month. Vouchers must be entered by the institutions into the prisoner’s OTA account at least once a month.

3. Prisoners who do not then have funds in their prison accounts will be provided medical care, and charges for that medical care will be placed in a pending file until funds become available in the prisoner’s account.

   I. A prisoner may challenge a charge for health care services by submitting a written appeal to the Institutional Health Care Officer within three working days of receiving the notice of the deduction. The prisoner must explain why the charges are incorrect. The Institutional Health Care Officer shall respond with a written decision to the prisoner. This decision may be appealed by the prisoner in writing within seven working days to the Direction of Institutions. The decision of the Director is the final decision of the Department.

   J. The Health Services Charge Voucher will be held by the health care staff for three working days to determine if a challenge will be sought. The Institutional Health Care Officer shall forward the voucher to the person responsible for entering OTA fees if there is no challenge in the specified time or if the challenge is denied. Fees that have been incorrectly deducted will be reimbursed consistent with the decision on appeal.

   In those institutions that do not have an Institutional Health Care Officer on staff, a nurse will be assigned to make the initial decision. The appeal process is not subject to the grievance process and can only be appealed to the Director of Institutions.

VIII. Implementation

This policy and procedure is effective 14 days following the date signed by the Commissioner. Each manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document.

Date: 1/16/2014

SIGNATURE ON FILE

Joseph D. Schmidt, Commissioner
Department of Corrections

Forms Applicable to this Policy: 807.07A

Original 8/22/1997; revised 6/21/2002; revised 10/30/2002; revised 2/13/2008; revised 7/1/2011.