

105TH CONGRESS  
1ST SESSION

# S. 494

To combat the overutilization of prison health care services and control rising prisoner health care costs.

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IN THE SENATE OF THE UNITED STATES

MARCH 20, 1997

Mr. KYL (for himself, Mr. ABRAHAM, and Mr. REID) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

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## A BILL

To combat the overutilization of prison health care services and control rising prisoner health care costs.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Prisoner  
5 Health Care Copayment Act”.

6 **SEC. 2. PRISONER COPAYMENTS FOR HEALTH CARE SERV-**

7 **ICES.**

8 (a) IN GENERAL.—Chapter 303 of title 18, United  
9 States Code, is amended by adding at the end the follow-  
10 ing:

1 **“§ 4048. Prisoner copayments for health care services**

2 “(a) DEFINITIONS.—In this section—

3 “(1) the term ‘account’ means the trust fund  
4 account (or institutional equivalent) of a prisoner;

5 “(2) the term ‘Director’ means the Director of  
6 the Bureau of Prisons;

7 “(3) the term ‘health care provider’ means any  
8 person who is licensed or certified under State law  
9 to provide health care services and who is operating  
10 within the scope of such license;

11 “(4) the term ‘health care visit’ means any visit  
12 by a prisoner to an institutional or noninstitutional  
13 health care provider, if the visit is made at the re-  
14 quest of the prisoner;

15 “(5) the term ‘prisoner’ means any person sub-  
16 ject to incarceration, detention, or admission to any  
17 facility who is accused of, convicted of, sentenced  
18 for, or adjudicated delinquent for, violations of  
19 criminal law or the terms and conditions of parole,  
20 probation, pretrial release, or diversionary program;  
21 and

22 “(6) the term ‘qualified health care visit’ means  
23 any health care visit except a health care visit

24 “(A) that—

25 “(i) is conducted during the incarcer-  
26 ation intake process;

1 “(ii) is an annual examination;

2 “(iii) is determined by the health care  
3 provider to be an emergency visit;

4 “(iv) is an immunization;

5 “(v) is initiated by the health care  
6 staff of the Bureau of Prisons; or

7 “(vi) is the direct result of a referral  
8 made by a prison official; or

9 “(B) by a prisoner who is—

10 “(i) less than 18 years of age;

11 “(ii) pregnant; or

12 “(iii) determined by the appropriate  
13 official of the Bureau of Prisons to be seri-  
14 ously mentally ill or permanently disabled.

15 “(b) COPAYMENTS FOR HEALTH CARE SERVICES.—

16 The Director shall assess and collect a fee in accordance  
17 with this section—

18 “(1) in an amount equal to not less than \$3  
19 and not more than \$5, for each qualified health care  
20 visit;

21 “(2) in an amount not to exceed \$5, which shall  
22 be established by the Director by regulation, for—

23 “(A) each prescription medication provided  
24 to the prisoner by a health care provider; and

1           “(B) each health care visit described in  
2           subparagraph (A)(iii) or (B)(i) of subsection  
3           (a)(6); and

4           “(3) in an amount established by the Director  
5           by regulation, for each health care visit occurring as  
6           a result of an injury inflicted on a prisoner by an-  
7           other prisoner.

8           “(c) RESPONSIBILITY FOR PAYMENT.—Each fee as-  
9           sessed under subsection (b) shall be collected by the Direc-  
10          tor from the account of—

11           “(1) the prisoner making the health care visit  
12           or receiving the prescription medication; or

13           “(2) in the case of a health care visit described  
14           in subsection (b)(3), the prisoner who is determined  
15           by the Director to have inflicted the injury.

16           “(d) TIMING.—Each fee assessed under this section  
17           shall be collected from the appropriate account under sub-  
18           section (c)—

19           “(1) on the date on which the qualified health  
20           care visit occurs; or

21           “(2) in the case of a prisoner whose account  
22           balance is determined by the Director to be insuffi-  
23           cient for collection of the fee in accordance with  
24           paragraph (1), in accordance with an installment

1 payment plan, which shall be established by the Di-  
2 rector by regulation.

3 “(e) NO REFUSAL OF TREATMENT FOR FINANCIAL  
4 REASONS.—Nothing in this section shall be construed to  
5 permit any refusal of treatment to a prisoner on the basis  
6 that—

7 “(1) account of the prisoner is insolvent; or

8 “(2) the prisoner is otherwise unable to pay a  
9 fee assessed under this section in accordance with  
10 subsection (d)(1).

11 “(f) USE OF AMOUNTS.—Any amounts collected by  
12 the Director under this section shall be deposited in the  
13 Crime Victims’ Fund established under section 1402 of  
14 the Victims of Crime Act of 1984 (42 U.S.C. 10601).

15 “(g) REPORTS TO CONGRESS.—Not later than 1 year  
16 after the date of enactment of the Federal Prisoner Health  
17 Care Copayment Act and annually thereafter, the Director  
18 shall submit to Congress a report, which shall include—

19 “(1) a description of the amounts collected  
20 under this section during the preceding 12-month  
21 period; and

22 “(2) an analysis of the effects of the implemen-  
23 tation of this section, if any, on the nature and ex-  
24 tent of health care visits by prisoners.”.

1           (b) CLERICAL AMENDMENT.—The chapter analysis  
2 for chapter 303 of title 18, United States Code, is amend-  
3 ed by adding at the end the following:

“4048. Prisoner copayments for health care services.”.

