



National
Consumer Law
Center

NATIONAL HEADQUARTERS
7 Winthrop Square, Boston, MA 02110
(617) 542-8010

WASHINGTON OFFICE
Spanogle Institute for Consumer Advocacy
1001 Connecticut Avenue, NW, Suite 510
Washington, DC 20036
(202) 452-6252

[NCLC.ORG](https://www.nclc.org)

**Written Testimony of Caroline Cohn,
Staff Attorney at the National Consumer Law Center**

**In Support of HB25-1026
“Repeal Copayment for Department of Corrections Inmate Health Care”**

April 23, 2025

Dear Chair Gonzales, Vice Chair Weissman, and Honorable Members of the Senate Judiciary Committee:

My name is Caroline Cohn, and I am a staff attorney at the National Consumer Law Center (NCLC).¹ I write in support of HB25-1026, “Repeal Copayment for Department of Corrections Inmate Health Care.”

People incarcerated in jails and prisons throughout the United States are routinely charged fees and costs for medical care that are inconsistent with their lack of financial means. When people can’t afford to pay, these fees can lead to insurmountable debt. As detailed in NCLC’s 2024 report *Medical Debt Behind Bars: The Punishing Impact of Copays, Fees, and Other Carceral Medical Debt*, these medical fees and resulting debts can negatively impact health outcomes, hinder successful reentry, and jeopardize financial security across generations.²

Medical copays are one of the most common ways people accrue carceral medical debt.³ Colorado state prisons currently charge a \$3 copay for healthcare services that incarcerated

¹ NCLC is a nonprofit organization specializing in consumer protection issues on behalf of low-income people. We work with thousands of legal services, government, and private attorneys, as well as community groups and organizations, from all 50 states who represent low-income individuals on consumer issues. As a result of our regular contact with these advocates—and from years of observing and analyzing issues at the intersection of consumer law and criminal justice system—we have seen many examples of the damage wrought by harmful criminal justice policies throughout the country. It is from this vantage point that we supply this testimony.

² Anna Anderson, Nat’l Consumer L. Ctr., *Medical Debt Behind Bars: The Punishing Impact of Copays, Fees, and Other Carceral Medical Debt* (2024), <https://www.nclc.org/resources/medical-debt-behind-bars-the-punishing-impact-of-copays-fees-and-other-carceral-medical-debt/>.

³ Tiana Herring, Prison Pol’y Initiative, *COVID Looks Like It May Stay. That Means Prison Medical Copays Must Go* (2022), https://www.prisonpolicy.org/blog/2022/02/01/pandemic_copays/ (forty states and the federal prison system charge incarcerated people copays for medical care).

people request through a “sick call,” a \$5 copay for “self-declared emergencies that may or may not require transport outside of the facility,” and a \$3 no-show fee.⁴

These copays may seem nominal to people who are not living in prison. But people who are incarcerated typically have limited financial means to begin with,⁵ and then have virtually no ability to earn meaningful income while incarcerated.⁶ Colorado is no exception. In Colorado, an incarcerated person can earn as little as \$1.81 *per day* for a full-time assignment.⁷ That means someone working full-time could have to pay nearly 3 days’ worth of wages for a single \$5 copay to address a medical emergency. Incarcerated people who are unable to work—because, for example, they are in the hospital—are unable to earn any wages.⁸

When people can’t afford to pay costs associated with their incarceration, they often turn to their loved ones on the outside for help. This financial burden falls on families who are already struggling to meet their basic needs, and disproportionately on people of color, and Black women in particular.⁹

One common argument in favor of charging carceral medical copays is the idea that they offset correctional healthcare costs, to the benefit of the public fisc. In reality, revenue from these copayments contribute negligible amounts to government budgets. For example, Nevada state prisons assessed over \$2 million in carceral medical debt, but the state collected only around \$6,000, a collection rate of 0.003 percent.¹⁰ Indeed, many jurisdictions may expend more taxpayer dollars trying to collect this revenue than they ultimately recover.¹¹ This is unsurprising when one considers that an estimated 80 percent of incarcerated people are poor.¹² You can’t draw blood from a stone.

⁴ Colo. Dep’t of Corrections Rule Administrative Regulation 700-30, Chap.: “Offender Health Services,” Subject: Offender Health Care Co-Payment Program, 1–2 (effective June 15, 2024), <https://cdoc.colorado.gov/about/department-policies>.

⁵ See Bernadette Rabuy & Daniel Kopf, Prison Pol’y Initiative, Prisons of Poverty: Uncovering the Pre-Incarceration Incomes of the Imprisoned (2015), <https://www.prisonpolicy.org/reports/income.html> (finding the median income among people entering prison is 41 percent less than the national average).

⁶ Wendy Sawyer, How Much Do Incarcerated People Earn in Each State?, Prison Pol’y Initiative (Apr. 10, 2017), <https://www.prisonpolicy.org/blog/2017/04/10/wages/> (showing average hourly wages of 14¢ to 63¢ for typical prison jobs).

⁷ Colo. Dep’t of Corrections Administrative Regulation 850-03, Chap.: “Offender Personnel,” Subject: “Offender Assignment and Pay,” p. 17 (effective Nov. 1, 2024), <https://cdoc.colorado.gov/about/department-policies>.

⁸ *Id.* at p. 2 (the “Unpaid Category” includes incarcerated people who are “admitted to a hospital . . . or assigned to Colorado Territorial Correctional Facility Transition Unit-Cell House 5 and/or CTCF Infirmary Admissions”).

⁹ Saneta deVuono-powell, et al., Ella Baker Ctr. for Human Rights, Forward Together, & Research Action Design, Who Pays? The True Cost of Incarceration on Families, 7–9 (2015), <https://ellabakercenter.org/wp-content/uploads/2022/09/Who-Pays-FINAL.pdf>.

¹⁰ Nick Shepack, *Nevada’s hidden prison tax: Why it’s time for lawmakers to step in*, Nev. Independent (Feb. 22, 2025), <https://thenevadaindependent.com/article/opinion-nevadas-hidden-prison-tax-why-its-time-for-lawmakers-to-step-in>.

¹¹ Rachael Wiggins, A Pound of Flesh: How Medical Copayments in Prison Cost Inmates Their Health and Set Them Up for Reoffense, 92 U. of Colorado L. Rev. 255 (2020), <https://lawreview.colorado.edu/print/a-pound-of-flesh-how-medical-copayments-in-prison-cost-inmates-their-health-and-set-them-up-for-reoffense/>.

¹² Michelle Andrews, *Even in Prison, Health Care Often Comes with a Copay*, NPR (Sept. 30, 2015), <https://www.npr.org/sections/health-shots/2015/09/30/444451967/even-in-prison-health-care-often-comes-with-a-copay>.

While the financial benefits to the state of charging carceral medical copays are minimal at best, the harms of this policy choice are severe. First, many people report that they avoid seeking necessary medical care while incarcerated because they do not want to burden their loved ones or take on debt. Avoiding or delaying necessary care can have cascading negative consequences for the individual and for the public. It can lead to serious health problems for the individual who has gone untreated—and potentially much more expensive subsequent health interventions for the state to cover.¹³ It can also lead to the spread of communicable illnesses—to other incarcerated people, staff, visitors, and the broader community.¹⁴ Second, for those who do seek medical care while incarcerated, the costs and often resulting debt can impede efforts to reenter society upon release and establish financial security, not only hurting the individual and their family but also undermining public safety and potentially creating more costs for the public.¹⁵

The bill under consideration would eliminate medical copayments for incarcerated people and prohibit the Department of Corrections from assessing fees for missed healthcare appointments. With this strong bill, Colorado has the chance to join the twelve states¹⁶ that already ban medical copays and become a leader in the effort to prevent carceral medical fees and debts from harming its residents.

Thank you for considering this important legislation. I respectfully ask that you vote HB25-1026 favorably out of committee.

Sincerely,

Caroline Cohn
ccohn@nclc.org
Staff Attorney
National Consumer Law Center

¹³ See Fines & Fees Just. Ctr., Nevada’s Department of Corrections’ Exorbitant Medical Costs Push Families into Debt, Waste Taxpayer Money, and Undermine Successful Re-entry (2023), <https://finesandfeesjusticecenter.org/content/uploads/2023/02/Nevada-NDOC-Medical-Costs-1-Page1.pdf>.

¹⁴ Wiggins, *supra* note 11.

¹⁵ Anderson, *supra* note 2, at 16.

¹⁶ Anderson, *supra* note 2, at 12.

Testimony in Support of Colorado HB25-1026

A Bill to Repeal Copayment for Department of Corrections Inmate Health Care

Dear, Chair Gonzales, Vice-Chair Weissman and Members of the Committee:

My name is Sarah Couture and I am a Regional Director for the Fines and Fees Justice Center (FFJC). FFJC thanks Senators Jodeh and Hinrichsen along with Representatives Michael Carter and Lorena Garcia for filing HB25-1026 and appreciates the Committee's consideration of this critical legislation.

A recent report uses US Census data to show that Colorado collects a greater share of state general revenue through fines and fees than *any* other state. Colorado's dependence on fines and fees is unsound fiscal policy – an attempt to collect money from those least able to pay. This bill would move Colorado in a better direction by eliminating the medical and dental copays assessed against people incarcerated in state correctional facilities.

- We know that people who are incarcerated often avoid or delay seeking critical medical care due to these fees, which is inhumane and can also lead to putting everyone in the facility, including staff, at risk of disease spread and costly emergency health needs.
 - People working in Colorado prisons make only a fraction of the state's minimum wage, some so low that they would have to earn more than a full day's wages just to afford \$3 to see a doctor.¹
 - A recent survey of incarcerated people in Nevada found that more than 4 in 5 avoided medical care because of the associated fees².
- And, we know that the costs of these copays are inevitably borne by families and loved ones on the outside.
 - In a study of families owing court- and incarceration-related fees, 57% reported food insecurity and 29% reported difficulty paying housing costs, due to the fees they were paying on their loved one's behalf.
 - Elimination of fees like this would immediately put money directly back into Coloradan family budgets for household basic needs.

¹ Stats in the ACLU report, since it's the most recent (2022):

<https://www.aclu.org/publications/captive-labor-exploitation-incarcerated-workers>

² Even a \$5 copay was shown to deter 64% of women and 71% of men from seeking necessary medical care while incarcerated.

In recent years, California, Illinois and Nevada have all recognized the harms of and eliminated medical copays, joining the nine other states³ that do not charge medical copays to incarcerated people.

FFJC urges the Committee to support HB25-1026 and eliminate medical co-pay fees charged to people incarcerated in Colorado. We appreciate the Committee's attention to this critical issue.

Sarah Couture

Sarah Couture
Regional Director
Fines and Fees Justice Center

³ including Montana, Nebraska, New Mexico and Wyoming



James R. Potter
1111 Red Feather Road
Cotopaxi, Colorado 81223
864-316-1058
jamesraymondpotter@gmail.com
April 23, 2025

Colorado Senate Judiciary Committee
Colorado State Capitol
200 E Colfax Ave, Room 112
Denver, CO 80203

Subject: Support for HB25-1026 – Repeal Co-payment for Department of Corrections Inmate Health Care

Honorable Chair Gonzales, Vice-Chair, Wiessman and Members of the Committee,

Thank you for the opportunity to provide written testimony in support of HB25-1026 – Repeal Co-payment for Department of Corrections Inmate Health Care. My name is James Potter, and I am an attorney and Board Member of the Colorado Foundation for Universal Health Care a 501(c)(3) organization dedicated to providing health care for all Coloradans without copays and deductibles.

Inmates, like all individuals, deserve access to quality health care. While incarcerated, they rely on the DOC for their physical and mental well-being. The current co-payment system often places undue financial burdens on inmates, many of whom have little or no income. This results in delays in seeking care, missed appointments, or outright refusal of needed services. Research indicates that such copayments are associated with reduced healthcare access among incarcerated populations. See: <https://www.prisonpolicy.org/blog/2024/08/29/fees-limit-healthcare-access/>

The National Commission on Correctional Health Care (NCCHC) opposes fee-for-service programs that restrict patient access to care. They recommend that all inmates have access to health services regardless of their ability to pay. See: <https://www.ncchc.org/wp-content/uploads/Charging-Inmates-a-Fee-for-Health-Care-Services-2017.pdf>

Repealing the co-payment requirement ensures that inmates will be more likely to seek the medical care they need promptly, reducing the risk of serious, long-term health issues that could be prevented or treated with early intervention. In addition, removing this financial barrier aligns with basic human rights and the moral obligation to ensure that all individuals—regardless of their status—are treated with dignity and respect.

Support for HB25-1026 – Repeal Co-payment for Department of Corrections Inmate Health Care
April 23, 2025

Healthy inmates are more likely to participate in educational, vocational, and rehabilitative programs that prepare them for a successful transition back into society. Access to medical care is an essential aspect of this process. When individuals are physically and mentally healthy, they are in a better position to focus on rehabilitation, develop life skills, and ultimately reintegrate as productive members of society.

By repealing the co-payment for inmate health care, HB25-1026 would ensure that incarcerated individuals have equal access to necessary health services without facing financial barriers. This bill is not only an investment in the health and well-being of individuals but also in the long-term efficiency and effectiveness of the state's correctional system. I urge the members of the Senate Judiciary Committee to pass this important legislation and help create a more just and humane correctional system.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Potter". The signature is fluid and cursive, with a large initial "J" and "P".

James R. Potter, Board Member