

# Nevada's Department of Corrections' exorbitant medical costs push families into debt, waste taxpayer money, and undermine successful re-entry

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## Introduction

The Nevada Department of Corrections (NDOC) charges more for health care than any state corrections department in the United States. Being imprisoned within the state comes at an extreme financial cost to both the incarcerated person and their families.

Many families go into decades worth of debt in an attempt to cover basic and emergency medical expenses for their loved ones. This debt trail then follows incarcerated people (and their families) after their release, undermining their ability to successfully reenter society.

In addition to curtailing formerly incarcerated peoples' ability to thrive, this price-gouging also comes at a high cost to taxpayers as most of the medical debt incurred by those behind bars has been shown to be uncollectible.

## Key facts about medical care markups

**NDOC charges co-pays that are 231% higher than the national average for every single visit to the infirmary.**

Nevada's \$8 co-pay is 53% of the average monthly wage of an incarcerated person working for NDOC — **that's equivalent to a median income person outside of prison paying a \$2,900 co-pay.**

**NDOC charges an exorbitant "man-down" fee for emergency medical services.**

This fee is charged for any emergency care — even during regular operating hours. For example, an injury on the basketball court during the day results in a man-down fee. This fee is \$50 for a doctor and \$25 for a nurse who attends to a person outside of the medical unit or outside of regular operating hours.

**Only 1 state charges a higher co-pay. 15 states currently do not charge co-pays.**

Only Texas charges a higher co-pay. But unlike Nevada, Texas does not charge for mental health care, emergency services, follow-up services recommended by the health care staff, and chronic care (such as HIV, AIDS and TB). California, Connecticut, Massachusetts, Montana, Wyoming, New

Mexico, Oregon, Nebraska, Missouri, Illinois, Rhode Island, Virginia, New York and Vermont do not charge medical co-pays.

## Impact

### **Incarcerated people leave prison with insurmountable medical debt which undermines successful reentry.**

Upon release, any unpaid charges, including charges for necessary hospitalization or outside medical care, are assessed — and if not paid immediately, they are sent to a collections agency.

### **NDOC is wasting taxpayer money in a futile attempt to collect the uncollectible.**

The NDOC has \$10.4 million in outstanding debt, which includes \$1.7 million in collection and interest fees. Annual collection rates for this debt over the last three fiscal years range between 0.53% and 1.60%. The cost of administering co-pays and other financial assessments is likely more than NDOC collects.

When people delay medical treatment, they experience more hospitalizations and Emergency Room visit costs go up. When people are released into the community with preventable medical problems, Medicaid and other taxpayer-funded costs go up.

### **National health bodies oppose medical co-pays.**

The National Commission on Correctional Health Care (NCCHC), the American Medical Association, and the American Public Health Association oppose any medical co-pays or financial assessments of any kind in prisons. NCCHC found that: co-pays and financial assessments restrict access to care, have a disparate impact on the BIPOC community and foster health and socioeconomic inequities for individuals and their families; foster greater risk of adverse health outcomes; and place additional financial burdens on health care systems serving the communities to which people return after incarceration.

## Sources

Use the link below to view and download all source materials and supplemental documentation:

<https://tinyurl.com/nevadamedicalcosts>