



NEW YORK
CITY BAR

Contact: Maria Cilenti - Director of Legislative Affairs - mcilenti@nycbar.org - (212) 382-6655

**REPORT ON LEGISLATION BY
THE CORRECTIONS COMMITTEE**

A.810

M. of A. Gottfried

AN ACT to provide oversight of healthcare in correctional facilities by the Department of Health.

THIS BILL IS APPROVED

The Corrections Committee of the New York City Bar Association supports A.810. This legislation would bring health care facilities that are operated or supervised by the Department of Correctional Services (“DOCS”) or by local correctional facilities within the Public Health Law’s definition of “hospital,” ensuring that health services at prisons and jails meet the same standards as hospitals throughout New York.

Inmates suffer disproportionately from numerous medical conditions, and are constantly in need of access to quality care.¹ Yet healthcare in New York prisons suffers from staff shortages and inadequate access to medications, as well as insufficient routine, chronic disease, and specialty care services.² Access to medications is made more inefficient because, due to understaffing, twenty prisons use outside pharmacy services that are 27% more expensive than DOCS’ Central Pharmacy.³ “The prevalence of infectious disease is on average four to ten times greater among prisoners than among the rest of the U.S. population, and the prevalence of chronic disease is even greater.”⁴ DOCS does not identify and treat a significant portion of inmates with chronic diseases, including transmittable illnesses like Human Immunodeficiency Virus (“HIV”) and Hepatitis C (“HCV”). Among the fifty states, New York State has the highest percentage of inmates infected with HIV.⁵ While DOCS staff is trained on medical topics like HIV and HCV, this is done on a voluntary and ad hoc basis; and uncompetitive salaries keep medical staff vacancies high.⁶

¹ CORRECTIONAL ASSOCIATION OF N.Y., HEALTHCARE IN NEW YORK STATE PRISONS 2004-2007, 2-4 (Mar. 2008) available at http://www.correctionalassociation.org/publications/download/pvp/issue_reports/Healthcare_Report_2004-07.pdf.

² *Id.* at 79, 81, 86.

³ *Id.* at 10, 22.

⁴ Cynthia Golembeski & Robert Fullilove, Criminal (In)Justice in the City Its Associated Health Consequences, 95 AM. J. PUB. HEALTH 1701 (2005), available at http://ajph.aphapublications.org/cgi/reprint/98/Supplement_1/S185.pdf.

⁵ LAURA M. MARUSCHAK, HIV IN PRISONS, 2007–08 2 (Bureau of Justice Statistics 2010) (2009), available at <http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp08.pdf>.

⁶ *Id.* at 20, 26-27.

Specialty care for females and at female prisons is also inadequate. Due to higher rates of infection with HCV and HIV among women and a need for specialty care that is nearly three times greater than that for the male population, deficient specialty care has disproportional negative consequences for women.⁷ Women have a greater likelihood of having experienced trauma or sexual abuse, substance abuse, mental illness, depression and anxiety.⁸ Female inmates report having insufficient access to routine GYN care as well as to necessary feminine hygiene products.⁹

DOH oversight of prison health care will ensure these sorts of problems are accurately monitored and addressed, and it will also raise the overall level of professionalism in prison health care. DOH oversight could help DOCS raise compliance with its own quality standards by ensuring that all prisons have a fully operational quality improvement committee to analyze medical grievances, perform chart reviews, and assess healthcare staff and systems using DOH's Quality Assessment Tools Manual.¹⁰ In addition, external oversight could improve DOCS' health services for women by requiring the adoption of a women-centered approach and understanding of women's specific needs, symptoms, and complex life circumstances.¹¹

DOH oversight of prison health care will also foster good public health policy. The prison setting offers a unique opportunity to diagnose and treat patients with chronic medical conditions before they return to their communities, mitigating both the health and financial consequences of poor education about proper healthcare. Over 97% of the New York State prison population eventually returns to the community.¹² If the prison system fails to treat and educate these individuals while they are incarcerated, they will be less likely to continue treatment after release. The State also loses the opportunity to have former inmates encourage family and friends to seek testing and preventative care. Without quality education and treatment, the State must pay for expensive prison medical care once preventable problems become life-threatening. Ultimately, lack of early intervention and treatment may lead to more costly care, both while the individual is incarcerated and when s/he returns home.

Neither DOH nor any other state agency outside of DOCS currently assesses the quality of care that is provided within the prisons. Without DOH oversight, the provision of prison healthcare services will remain inadequate. Accordingly, as is fully set forth above, the Corrections Committee urges that the State Legislature pass this legislation.

Reissued June 2011

⁷ *Id.* at 62.

⁸ *Id.* at 75.

⁹ *Id.* at 76.

¹⁰ *Id.* at 15.

¹¹ *Id.* at 77.

¹² See N.Y. State Dep't of Correctional Serv. Commissioner Brian Fischer, Remarks to the Citizens Crime Commission of N.Y. City, Mutual of America Building (Feb. 18, 2009).