



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**

**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).<sup>1</sup> 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.<sup>2</sup>

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

---

<sup>1</sup> 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.

<sup>2</sup> 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/>.

<sup>3</sup> 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/](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.<sup>4</sup>

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,<sup>5</sup> and then have virtually no ability to earn meaningful income while incarcerated.<sup>6</sup> Colorado is no exception. In Colorado, an incarcerated person can earn as little as \$1.81 *per day* for a full-time assignment.<sup>7</sup> 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.<sup>8</sup>

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.<sup>9</sup>

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.<sup>10</sup> Indeed, many jurisdictions may expend more taxpayer dollars trying to collect this revenue than they ultimately recover.<sup>11</sup> This is unsurprising when one considers that an estimated 80 percent of incarcerated people are poor.<sup>12</sup> You can’t draw blood from a stone.

---

<sup>4</sup> 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/departments-policies>.

<sup>5</sup> 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).

<sup>6</sup> 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).

<sup>7</sup> 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/departments-policies>.

<sup>8</sup> *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”).

<sup>9</sup> 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>.

<sup>10</sup> 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>.

<sup>11</sup> 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/>.

<sup>12</sup> 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.<sup>13</sup> It can also lead to the spread of communicable illnesses—to other incarcerated people, staff, visitors, and the broader community.<sup>14</sup> 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.<sup>15</sup>

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 states<sup>16</sup> 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](mailto:ccohn@nclc.org)  
Staff Attorney  
National Consumer Law Center

---

<sup>13</sup> 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>.

<sup>14</sup> Wiggins, *supra* note 11.

<sup>15</sup> Anderson, *supra* note 2, at 16.

<sup>16</sup> Anderson, *supra* note 2, at 12.