AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 209)
(I-23)

Introduced by: Medical Student Section
Subject: Opposing Pay-to-Stay Incarceration Fees
Referred to: Reference Committee B

Whereas, "pay-to-stay" fees require individuals to pay for their own imprisonment to cover housing and food costs and are used in 49 states, including $249 daily in Connecticut, $80 daily in Maine and Kentucky, $66 daily in Ohio, and $20 daily in Alabama1-5; and

Whereas, average hourly wages during incarceration are $0.13 to $1.30 per hour, and in the first year after release, 49% earn $500 or less and 80% earn less than $15,0006-7; and

Whereas, because only 10-15% are ever collected, pay-to-stay fees do not significantly contribute to prison budgets, but permanently damage the credit records of individuals leaving incarceration if not paid within 180 days after release and harm future prospects for stable employment and housing5,8,9, and

Whereas, pay-to-stay fees keep formerly incarcerated individuals trapped in a cycle of poverty and imprisonment, as debts hinder re-entry, contribute to recidivism, and force individuals to forgo basic necessities in order to make payments10-12; and

RESOLVED, that our American Medical Association collaborate with relevant parties, oppose fees charged to incarcerated individuals for room and board, and advocate for federal and state efforts to repeal statutes and ordinances which permit inmates to be charged for room and board. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 09/27/2023

REFERENCES


RELEVANT AMA POLICY

D-430.992 Reducing the Burden of Incarceration on Public Health

1. Our AMA will support efforts to reduce the negative health impacts of incarceration, such as: (1) implementation and incentivization of adequate funding and resources towards indigent defense systems; (2) implementation of practices that promote access to stable employment and laws that ensure employment non-discrimination for workers with previous non-felony criminal records; and (3) housing support for formerly incarcerated people, including programs that facilitate access to immediate housing after release from carceral settings.

2. Our AMA will partner with public health organizations and other interested stakeholders to urge Congress, the Department of Justice, the Department of Health and Human Services, and state officials and agencies to minimize the negative health effects of incarceration by supporting programs that facilitate employment at a living wage, and safe, affordable housing opportunities for formerly incarcerated individuals, as well as research into alternatives to incarceration. [Res. 902, I-22]