

BOP Designations Based on Medical Need

BY ALAN ELLIS

There is a new wrinkle to the question of where within the Bureau of Prisons (BOP) a client may be designated. Although neither an operations memorandum nor a revised program statement has issued, the BOP employs a four-level scale in the designation process that seeks to correlate prisoners' perceived medical needs to resources both at institutions and in their corresponding communities. The BOP has already started classifying inmates according to medical needs and initiating redesignation to facilities commensurate with those needs. Thus, an inmate will not only have a security level, but also a medical level, both of which will be considered in determining a facility for service of sentence. Level 1 prisoners are characterized as healthy (overall), requiring only emergency medical care or care that can be managed by clinical evaluations every six months or less; Level 2 prisoners are medically stable, but may have chronic conditions under good control and can manage independently with quarterly status reviews (e.g., an asthma condition controlled by prisoner-held inhaler, or high blood pressure/high cholesterol controlled through medication) that may require quarterly medical evaluations. Level 3 institutions can manage fragile outpatients—those who call for some assistance with activities of daily living and/or require monthly clinical evaluations (e.g., oncology follow-ups, brittle diabetics, problematic asthmatics,



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or those with chronic conditions not well controlled with medication)—are classified Level 3. Finally, “inpatient” prisoners, those requiring daily nursing care, or those with intractable medical conditions are classified Level 4. Level 4 is the same as the current Medical Referral Center placement.

Level 1 institutions are located approximately one hour or more from community medical centers since medical care is not often needed. Level 2 institutions have no special capabilities beyond those that health services staff ordinarily provide; however, they are within about an hour of major regional treatment centers (e.g., Fort Dix and Fairton, New Jersey), thereby

permitting more immediate attention to medical emergencies. Most BOP facilities are classified as Care Level 2 facilities. Level 3 institutions are located adjacent to Level 4 institutions, that is, federal medical centers (e.g., FPC Lexington, Kentucky, FCI Butner, and FPC Devens, Massachusetts) or they may be facilities with greater medical capabilities (e.g., FCI Fort Worth, or FCI Terminal Island). To date, the only Level 3 facilities identified are FCI, LSCI and FPC Butner, FCI Fort Worth, FCI Terminal Island, and USP and FPC Terre Haute, Indiana.

Most federal prisons have a full-time medical staff on hand and/or contract medical staff from the community. A local community hospital provides contract services for inmates who are in need of inpatient care because of a medical emergency. Normally, prisoners in need of special medical attention due to complex health problems will be designated to one of the BOP's six major medical centers located in Carswell (Texas) (female inmates only), Devens (Massachusetts), Lexington (Kentucky), Rochester (Minnesota), Butner (North Carolina), and Springfield (Missouri). With the exception of the Federal Medical Centers, which provide primary and inpatient care, all other BOP facilities provide outpatient care (otherwise known as “ambulatory care”). Most BOP facilities also have one or more contract hospitals (in the surrounding community) that provide secondary and inpatient care to inmates in “emergency situations” or when an inmate's medical needs cannot be adequately treated by medical staff at the prison facility. ■