

State of Iowa Department of Corrections Policy and Procedures

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Applicability: Institutions

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Chapter 6: Health Services

Sub Chapter: Pharmacy

Related DOC Policies: N/A

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Subject: Commissary Purchase of Health-Related Items

PREA Standards: 5-ACI-6A-44

Responsibility: Dr. Michael Riley, William Yohe

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Authority:

1. PURPOSE

To ensure the availability of personal hygiene and health - related items for the patients who are housed, institutionally, by the Iowa Department of Corrections (IDOC) institutions.

2. POLICY

It is the policy of the IDOC to be responsive to patient health needs through the availability of PT/HS Committee specified personal hygiene and health-related items for direct commissary or special order purchase.

3. DEFINITIONS - As used in this document:

- A. Serious Medical Need - A condition is considered a serious medical need when it has been diagnosed by a physician as *requiring treatment*, or is so obvious that even a layperson would recognize the necessity for a physician's attention.

B. Financial Hardship Status - For the purposes of this policy, a patient is considered to be experiencing financial hardship when they lack sufficient funds in their account to purchase medically necessary over-the-counter medications or health-related items at the time of need.

4. PROCEDURES

A. Items meeting one or more of the following criteria, and that would not be classified as contraband under Department of Corrections or institutional policies, may be approved by the PT/HS Committee for availability to patients through direct commissary or special order purchase:

1. Items whose regular use prevents the development or recurrence of generally self-limiting or minor health conditions, i.e acne, dandruff, constipation.
2. Items for elective symptomatic treatment of minor health conditions, i.e. common cold, headache.
3. Items required for proper care and use of certain medical devices or prostheses including contact lenses, hearing aids and dentures.

B. Ordering Health Care Items from Commissary

1. Health Services staff may also specifically recommend that the patient purchase health-related items; any such recommendations shall be documented in an ICON Medical encounter.
2. In specific cases where an item routinely obtained through the commissary is not available due to order delays or manufacturer's shortages, some items available through Health Services may be dispensed to a patient in a quantity sufficient to last until the routine commissary supply is available. This dispensing shall only be done after confirming that the item in question is unavailable and that the patient has attempted to purchase the item on his own.

C. Criteria and Procedures for State-Funded Commissary Health-Related Items

1. Incarcerated individuals are generally expected to obtain over-the-counter (OTC) medications and other health-related items through the commissary. However, providers may prescribe OTC medications at state expense if one of more of the following criteria are met:
 - a. The condition being treated qualifies as a serious medical need. (*See definition of Serious Medical Need in Section III.*)
 - b. The OTC item is not available in the commissary at the time of need.
 - c. The patient is experiencing financial hardship and is unable to purchase the OTC item. (*See definition of Financial Hardship Status in Section III.*)

Financial hardship determinations may be made by the provider based on a review of the patient's trust account showing consistent low balances, lack of recent deposits, verified absence of external financial support, or other documented evidence.

- d. The required dosage or formulation exceeds what is available through the commissary (e.g., omeprazole 40 mg.)
 - e. The patient's housing status limits access to the commissary (e.g., infirmary, LTRH, special needs units).
 - f. Other Clinically justified exceptions not specifically listed above may be considered on a case-by-case basis in consultation with the Medical Director.
2. The provider must document in the ICON Medical encounter the clinical rationale for prescribing the OTC medication, including condition severity, alternative options considered, and justification for state-funded provision.
3. Unless clinically justified, OTC medications should not be prescribed beyond an initial period of 14 to 30 days.
4. When a medication is prescribed for a serious medical need - even if it is an OTC medication – the provider must continue to monitor the

patient's clinical status, assess treatment effectiveness, and initiate additional diagnostic testing or therapeutic interventions as indicated. Supportive measures, such as housing accommodations (e.g., placement in a medical cell or infirmary) or specialty referrals, should be considered when appropriate. Ongoing clinical management must be documented in the ICON Medical record.

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