State of Iowa Department of Corrections
Policy and Procedures

Policy Number: HSP-609
Applicability: Institution
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: HSP-608
Administrative Code Reference: N/A
Subject: Authorization of Referrals & Elective Surgery
ACA Standards: 5-ACI-6A-05, 5-ACI-6C-05
PREA Standards: N/A
Responsibility: Dr. Michael Riley
Effective Date: February 2024
Authority:

1. PURPOSE

To assure access and availability to external healthcare resources/providers is available to patients within the Iowa Department of Corrections (IDOC).

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to ensure that referrals to outside medical services are provided where medically indicated.

3. DEFINITIONS

A. Referral - the process of directing or redirecting to an appropriate specialist or agency for definitive treatment.

B. Elective - beneficial to the patient but not essential for a patient to perform the basic activities of daily living and function safely in a correctional environment.

4. PROCEDURE

A. The need for health services beyond the scope of practice available in the facility shall be assessed by the primary medical provider/dentist, and documented in the electronic medical record. An electronic medical referral form, **HSF-301D** *Medical Referral*, will be completed by the referring medical practitioner. **(5-ACI-6A-05)**

B. Elective Health Conditions

1. The IDOC intends to provide health care consistent with the recognized standards for correctional health care.

2. Stable health conditions, as well as residual effects from old injuries will be assessed by the primary medical practitioner on its own merits and may or may not be referred to a specialty clinic.

3. Elective surgery may be considered in those instances where the health of the patient may be adversely affected, as determined by the primary medical provider, if the service were not provided; e.g., consideration for repair of an asymptomatic inguinal hernia. Documentation supporting the need will be provided in the electronic medical record.

4. Prosthetic devices, i.e., hearing aids, orthotics, and special footwear, will not routinely be provided. Refer to ICOC Policy **HSP-608**, *Authorization of Prosthetic Devices(s).*