



HOUSE BILL 108: PED/Safekeeper Health Care Cost Recov. Pract.

2019-2020 General Assembly

Committee:	House Finance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	April 10, 2019
Introduced by:	Reps. Horn, Lucas	Prepared by:	Trina Griffin
Analysis of:	PCS to Second Edition H108-CSSVf-7		Committee Co-Counsel

OVERVIEW: *House Bill 108, which is a recommendation of the Joint Legislative Program Evaluation Committee, would modify the data collection and cost recovery practices for health care services provided to inmates who are transferred from a local jail to the State prison system pursuant to a safekeeping order.*

The costs associated with the bill would include the following as it relates to counties:

- *It expands the scope of medical care costs for which a county must reimburse the Department of Public Safety (DPS) to include transportation and custody costs associated with the transfer of safekeepers who receive medical care outside of the prison facility and the cost of sick call encounters.*
- *It would require counties to be liable to the State at a maximum rate of \$20/day for each day the sheriff fails to assume custody of the prisoner upon being notified by DPS for a transfer back to the local jail. The fee may be waived if the sheriff provides documentation of extenuating circumstances.*
- *It requires DPS to annually update the schedule of charges for medical services that are assessed to counties when those services are provided to county prisoners housed in the State prison system. The schedule of charges was last revised in 2009. Updating the schedule of charges to reflect current healthcare costs will likely impact the amount counties must pay to reimburse DPS.*

The PCS (1) removes proposed new language that would have required the Department of Revenue to pursue collection from a county of unpaid fees for services rendered pursuant to a safekeeping order if the fees have been unpaid for 120 or more days, and (2) clarifies that DPS would be required to notify a county sheriff of a safekeeper's potential Medicaid eligibility but is not required to submit a Medicaid application on the safekeeper's behalf.

CURRENT LAW: A superior or district court judge may transfer an inmate from a local jail to the State prison system for safety and security purposes¹ or when the inmate's medical or mental health needs require care beyond that which is available in the county jail. The total safekeeper population may not exceed 200 inmates at any given time without approval of the Secretary of Public Safety.

While safekeeping transfers custodial responsibility from the county to the State, it does not transfer financial responsibility. The county must pay the prison system \$40 for each day of the transferred inmate's confinement,

¹The safety and security purposes include when the inmate (1) poses a serious escape risk; (2) exhibits violently aggressive behavior; (3) needs to be protected from other inmates; (4) is a woman or person 18 years old or younger for whom the county does not have adequate housing; (5) is in custody at a time when a fire or other catastrophe has caused the jail to cease or curtail operations; (6) otherwise poses an imminent danger to the jail staff or other inmates.

Karen Cochrane-Brown
Director



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plus inpatient medical expenses, outpatient medical expenses exceeding \$35 per occurrence or illness, and certain dental or optical expenses.

BILL ANALYSIS: House Bill 108 contains several recommended changes resulting from the [Program Evaluation Division's study](#) of the efficiency and economy of medical and dental services provided for safekeepers housed in the State prison system. Specifically, **Section 1** makes the following changes:

- **Recordkeeping.** – Requires the Health Services Section of DPS to maintain records of prisoners transferred due to a safety risk, which include specific enumerated information, such as the dates the inmate received health services from the Department, a list of the services provided, and the date the Department determined the inmate no longer needs health services to be provided by the State prison system.
- **Extension of Time for Safekeeping.** – Provides a process that a sheriff can use to seek an extension beyond the initial 30-day treatment period. During the 30 days, the Division of Adult Correction and Juvenile Justice must conduct an assessment of the treatment and venue needs of the prisoner. The sheriff must then provide the assessment and any other relevant information to the resident superior court judge or any judge holding superior court in the district or any district court judge to determine whether to extend the transfer of the prisoner.
- **No Refusal for Failure to Pay.** – Prohibits DPS from refusing to accept a safekeeper because a county has failed to pay DPS for safekeeping services rendered.
- **Additional Costs Payable by Counties to DPS.** –
 - Transportation and custody costs associated with prisoners receiving health care outside of the prison facility. Counties would be required to reimburse the State at the same reimbursement rate and hourly custody rate provided in the Statewide Misdemeanant Confinement Program.
 - The cost of all sick call encounters at the rate charged to State prison inmates.
 - An additional per day, per inmate fee of up to \$20.00 if a sheriff fails to assume custody of a county prisoner within 10 days of being notified of the return. This fee may be waived for up to 10 days if the sheriff provides documentation of extenuating circumstances.

Section 2 makes the following changes:

- **Notification of Medicaid Eligibility.** – With respect to health care services received outside the prison, DPS must notify a county sheriff of a safekeeper's potential Medicaid eligibility based on data available to the DPS.
- **Submission of Medical Bills to Sheriffs' Plan.** – All unreimbursed charges for health care services must be submitted by the health care provider to the Inmate Medical Costs Management Plan through the NC Sheriffs' Association.
- **Update Schedule of Charges.** – Requires DPS to update annually the medical service schedule of charges assessed to counties for health care services. The schedule of charges was last revised in 2009.
- **Report.** – Submit a report on the updated medical services schedule to the Joint Legislative Oversight Committee on Justice and Public Safety on or before December 1, 2019.

EFFECTIVE DATE: This act becomes effective July 1, 2019.

**Staff Attorney Tawanda Foster contributed to this summary.*