



# SENATE BILL 118: PED/Safekeeper Health Care Cost Recov. Pract.

2019-2020 General Assembly

<b>Committee:</b>	Senate Health Care. If favorable, re-refer to Judiciary. If favorable, re-refer to Rules and Operations of the Senate	<b>Date:</b>	April 16, 2019
<b>Introduced by:</b>	Sens. B. Jackson, Krawiec, Ballard	<b>Prepared by:</b>	Jessica Boney Staff Attorney
<b>Analysis of:</b>	PCS to First Edition S118-CSBP-4		

**OVERVIEW:** *The PCS to Senate Bill 118 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.*

**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 purposes<sup>1</sup> 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.

**BILL ANALYSIS:** The PCS to Senate Bill 118 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.

<sup>1</sup>The 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.

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- 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 Trina Griffin substantially contributed to this summary.*