



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Roy Cooper, Governor
Erik A. Hooks, Secretary

Todd E. Ishee, Commissioner of Prisons

MEMORANDUM

TO: Joint Legislative Oversight Committee on Justice and Public Safety
Chairs of the House Appropriations Committee on Justice and Public Safety
Chairs of the Senate Appropriations Committee on Justice and Public Safety
Fiscal Research Division

FROM: Erik A. Hooks, Secretary *EAH*
Todd E. Ishee, Commissioner of Prisons *TH*

RE: Session Law 2019-135 inmate healthcare reporting requirements

DATE: December 1, 2019

Session Law 2019-135 requires various reporting by the Department of Public Safety concerning measures to improve efficiencies in the delivery of inmate healthcare. Please find attached updates on each of the reporting requirements for December 2019.

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Session Law 2019-135

- A. *Section 1.(b)- By December 1, 2019, the Department of Public Safety shall submit the plan required by subsection (a) of this section to the Joint Legislative Oversight Committee on Justice and Public Safety. The Department of Public Safety shall also submit its progress made in achieving cost savings under the plan, the amount of any actual and estimated cost savings, and any obstacles to increasing the usage of the health services facilities at Central Prison Healthcare Complex (CPHC) and North Carolina Correctional Institution for Women (NCCIW).*

Updates regarding required components of the plan, as required by Section 1.(a), are provided below:

(1) Strategies, policies, and oversight mechanisms to ensure that non-life-threatening emergencies for male inmates within a 60-mile radius of Raleigh are treated at the CPHC urgent care facility. As part of this effort, DPS shall consider the use of telemedicine.

The Medical Director at CPHC has updated the institution's standard operating procedure to reflect that all male inmates with non-life-threatening conditions be evaluated and treated at the CPHC Urgent Care facility. Funds for additional telemedicine equipment are not allocated in the current continuation budget.

(2) A cost comparison of health care services performed at CPHC and the North Carolina Correctional Institution for Women (hereinafter "NCCIW") and health care services performed by outside contracted providers. The cost comparison shall include the cost of transporting inmates to and from outside contracted providers.

A plan to conduct a cost comparison of costs, to include health and transportation, is currently being developed.

(3) A comprehensive review of the current usage of health care facilities at CPHC and NCCIW and the potential to maximize usage of those facilities through (i) increasing the usage of CPHC's facilities for general anesthesia procedures and increasing usage of existing on site equipment, (ii) selling equipment no longer in use or not in use due to staffing changes, (iii) increasing the provision of health care services available at CPHC to female inmates, and (iv) identifying potential CPHC expenditures that would ultimately result in demonstrated cost savings.

The operatories at CPHC have been utilized five days per week with general anesthesia support since July 1, 2018. Equipment not being utilized has been placed on state surplus. CPHC has increased the provision of health care services to female offenders by providing oral surgery and on-site radiology, specifically MRIs. A plan to expand services to include gastroenterology, ENT and CAT scans will be implemented on or before March 1, 2020. DPS Health Services will continue to gather data to review any demonstrated cost savings achieved through these initiatives.

(4) Methods to contain costs for palliative and long-term health care services for inmates.

The budget for Fiscal Year 2019-2020 does not include funding for staffing or equipment for the long-term care facility.

B. *Section 4. - The Department of Public Safety, Health Services Section, shall issue two requests for proposals (RFP) to develop an electronic supply inventory management system. One RFP shall be for a system to be used at all prison facilities and one RFP shall be for a system to be used exclusively at the Central Prison Healthcare Complex and the North Carolina Correctional Institution for Women. The RFPs shall be for an electronic supply inventory management system that is capable of all of the following:*

- (1) Recording the arrival and departure of each medical supply in use or for future use from the point of order, including all methods of requisition and main storage locations (e.g., warehouse, secondary storage location, prison unit, or infirmary).*
- (2) Recording the dates on which a medical supply was physically at each transition point, including the date of use or disposal.*
- (3) Identifying Department employees who have custody of or control over a medical supply at each transition point, including at the time of use or disposal.*
- (4) Ensuring that medical supplies are used prior to their expiration date.*
- (5) Ensuring an adequate supply of each medical product currently being used or obtained for future use at each facility. Adequate supply level shall be based on usage of each medical product by each facility.*
- (6) Biannually assessing the need for particular medical supplies and the accuracy of records through an audit of the system.*

The Department shall report the results of the RFPs to the Joint Legislative Oversight Committee on Justice and Public Safety and the chairs of the House of Representatives and Senate Appropriations Committees on Justice and Public Safety by December 1, 2019.

As no additional funding has been allocated for electronic supply inventory management systems, requests for information (RFIs) will be issued in order to meet the requirements set forth by Section 4. RFIs have been established and are undergoing final review before issuance.

C. *Section 8.(a) requires DPS to develop of a plan to issue Request for Proposals (RFPs) which should include the following:*

- (1) The hiring of a consultant to manage the RFP process from issuance to conclusion.*
- (2) The hiring of the same consultant hired for the RFP process to work with the selected 340B Program entities and DPS to implement the requirements of this section.*
- (3) The estimated costs for DPS to hire the consultant, issue the RFPs, evaluate RFP proposals, and implement the 340B Program correctional partnerships.*

Section 8.(b) directs the Department of Public Safety to issue one RFP for each of the four prison regions to establish partnerships with one or more 340B Program entities providing specialty treatment for high-cost medical conditions.

Section 8.(c) directs DPS to report to the Joint Legislative Oversight Committee on Justice and Public Safety and the Fiscal Research Division by December 1, 2019, on the plan described in subsection (a) of this section, and quarterly thereafter until RFPs for all prison regions are awarded, regarding the implementation of this section.

No additional funding has been allocated for hiring a consultant, Furthermore, DPS Health Services Section continues to await 340B approval from the federal Health Resources and Services Administration (HRSA).

D. *Section 9.(e) - The Department of Public Safety and UNC-HCS shall report to the Joint Legislative Oversight Committee on Justice and Public Safety and the Fiscal Research Division by October 1, 2019, and monthly thereafter until implementation, regarding the progress made toward implementing the following requirements:*

- *Section 9.(a) The Department of Public Safety (DPS) shall partner with the University of North Carolina Health Care System (UNC-HCS) by October 1, 2019, to begin receiving all 340B Program savings realized from medications prescribed to inmates, but not administered, at a 340B Program-registered UNC-HCS site for non-HIV and non-HCV medications pursuant to subsections (b) and (c) of this section.*
- *Section 9.(b) DPS shall direct that the prescribing authority of DPS providers be transferred to UNC-HCS providers for identified inmates treated at a 340B Program-registered UNC-HCS site.*
- *Section 9.(c) DPS and UNC-HCS shall:*
 1. *Identify the UNC-HCS inmate patients for whom shifting prescriptive authority to UNC-HCS is feasible and appropriate.*
 2. *Establish a method for improving or maintaining quality and continuity of patient care once the prescriptive authority has shifted to UNC-HCS.*
 3. *Develop mechanisms to ensure that the communication between the UNC-HCS prescriber and the DPS physician maintains the quality and continuity of care that inmates currently receive.*
 4. *Select the UNC-HCS pharmacy, the DPS Apex Central Pharmacy, or a combination of both, as the pharmacy through which medications will be dispensed pursuant to this section.*
- *Section 9.(d) The Department of Public Safety and UNC-HCS shall establish a Memorandum of Agreement to require UNC-HCS to pass through all of the 340B Program savings for medications.*

As reported in November 2019, the Department of Public Safety (DPS) has been diligently working to become a registered, compliant participant of the 340B program. DPS completed 340B registration on October 15, 2019, and had anticipated approval in November 2019. To date, the DPS Health Services Section continues to await notification of approval from the federal Health Resources and Services Administration (HRSA).