

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019**

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SENATE BILL 119*

Short Title: PED/Inmate Health Care Reimbursement. (Public)

Sponsors: Senators B. Jackson, Sanderson, and Foushee (Primary Sponsors).

Referred to: Rules and Operations of the Senate

February 25, 2019

A BILL TO BE ENTITLED

AN ACT TO IMPROVE INMATE HEALTH CARE REIMBURSEMENT AND INTERNAL PROCESSES, AS RECOMMENDED BY THE JOINT LEGISLATIVE PROGRAM EVALUATION COMMITTEE.

The General Assembly of North Carolina enacts:

SECTION 1.(a) To contain medical costs for inmates as required by G.S. 143B-707.3(b), the Department of Public Safety (hereinafter "DPS") shall develop a plan to increase the use of the Central Prison Healthcare Complex (hereinafter "CPHC") which shall include all of the following:

- (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.
- (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.
- (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.

SECTION 1.(b) By December 1, 2019, DPS shall submit the plan required by subsection (a) of this section to the Joint Legislative Oversight Committee on Justice and Public Safety. DPS 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 CPHC and NCCIW.

SECTION 2.(a) To ensure that the costs of health care services are properly accounted for, DPS shall do the following:

- (1) Identify all positions with lapsed salaries in fiscal year 2016-2017 that were used to fund health care services for inmates.



- 1 (2) Eliminate the positions identified in subdivision (1) of this subsection and
 2 transfer the salary funds to one of the four budget codes assigned to the DPS,
 3 Health Services Section.
 4 (3) Reflect all expenditures for inmate health care services in one of the four
 5 budget codes assigned to the DPS, Health Services Section.
 6 (4) Develop mechanisms to budget, account for, and monitor inmate health care
 7 expenditures at the prison facility level.

8 **SECTION 2.(b)** DPS shall include the information described in subsection (a) of
 9 this section in the plan required by Section 1(b) of this act.

10 **SECTION 3.** G.S. 143B-707.3 reads as rewritten:

11 **"§ 143B-707.3. Medical costs for inmates and juvenile offenders.**

12 (a) ~~The Beginning July 1, 2019, the~~ Department of Public Safety shall reimburse those
 13 providers and facilities providing approved medical services to inmates and juvenile offenders
 14 outside the correctional or juvenile facility the lesser amount of either a rate of seventy percent
 15 (70%) of the provider's then-current prevailing charge or ~~two times one hundred percent (100%)~~
 16 of the then-current Medicaid rate for any given service. The Department shall have the right to
 17 audit any given provider to determine the actual prevailing charge to ensure compliance with this
 18 provision.

19 This section ~~does apply~~ applies to vendors providing services that are not billed on a
 20 fee-for-service basis, such as temporary staffing. Nothing in this section shall preclude the
 21 Department from contracting with a provider for services at rates that provide greater
 22 documentable cost avoidance for the State than do the rates contained in this section or at rates
 23 that are less favorable to the State but that will ensure the continued access to care. The
 24 Department shall reimburse those providers identified by the Department as necessary to ensure
 25 continued access to care the lesser amount of either a rate of seventy percent (70%) of the
 26 provider's then-current prevailing charge or two hundred percent (200%) of the then-current
 27 Medicaid rate for any given service.

28 Any extensions of contracts for medical services provided to inmates by contracted providers
 29 and facilities shall include the reimbursement rates provided in this subsection.

30 ...

31 (b1) The Department of Public Safety, Health Services Section shall develop an electronic
 32 supply inventory management system that, at a minimum, does all of the following:

- 33 (1) Records the arrival and departure of each medical supply in use or for future
 34 use from the point of order, including all methods of requisition and main
 35 storage locations (e.g., warehouse, secondary storage location, prison unit, or
 36 infirmary).
 37 (2) Records the dates on which a medical supply was physically at each transition
 38 point, including the date of use or disposal.
 39 (3) Identifies Department employees who have custody of or control over a
 40 medical supply at each transition point, including at the time of use or
 41 disposal.
 42 (4) Ensures that medical supplies are used prior to their expiration date.
 43 (5) Ensures an adequate supply of each medical product currently being used or
 44 obtained for future use at each facility. Adequate supply level shall be based
 45 on usage of each medical product by each facility.
 46 (6) Biannually assesses the need for particular medical supplies and the accuracy
 47 of records through an audit of the system.

48 ...

49 (c) The Department of Public Safety shall report quarterly to the Joint Legislative
 50 Oversight Committee on Justice and Public Safety and the chairs of the House of Representatives
 51 and Senate Appropriations Committees on Justice and Public Safety on:

1 ...
2 (10) The reimbursement rate for contracted providers. The Department shall
3 randomly audit high-volume contracted providers to ensure adherence to
4 billing at the contracted rate.

5"

6 **SECTION 4.** Part 2 of Article 13 of Chapter 143B of the General Statutes is amended
7 by adding a new section to read:

8 "**§ 143B-707.5. Medicaid services for inmates.**

9 (a) The Department and the Department of Health and Human Services (hereinafter
10 "DHHS") shall work together to enable social workers in the Department's Health Services
11 Section to qualify for and receive federal reimbursement for performing Medicaid eligibility
12 activities for inmates. The Health Services Section shall develop policies and procedures to
13 account for the time social workers in the Section spend on Medicaid eligibility for inmates. All
14 social workers in the Section who perform activities related to Medicaid eligibility shall be
15 required to receive eligibility determination training provided by DHHS at least quarterly.

16 (b) Beginning July 1, 2019, the Health Services Section shall require each social worker
17 performing Medicaid eligibility activities for inmates to document the criteria used by the social
18 worker when deciding to submit an application for Medicaid and when deciding not to submit an
19 application for Medicaid, including anything the social worker believes disqualifies the inmate
20 for Medicaid benefits. Each social worker shall also indicate in the social worker's data entry an
21 inmate's Medicaid eligibility as determined by the inmate's county department of social services.
22 All Section social workers shall report monthly to the Section Director on the number of 24-hour
23 community provider stays prescreened for potential applications, number of applications
24 submitted, and number and percentage of applications approved, denied, and withdrawn.
25 Beginning October 1, 2019, each DPS Health Services Section social worker performing
26 Medicaid eligibility activities for inmates shall submit Medicaid applications and any supporting
27 documents electronically through the ePass portal in DHHS or through other electronic means,
28 unless paper copies are required by federal law or regulation.

29 (c) By October 1, 2019, and quarterly thereafter until full implementation is achieved,
30 the Department and DHHS shall jointly report to the Joint Legislative Oversight Committee on
31 Justice and Public Safety on progress in receiving federal reimbursement for performing
32 Medicaid eligibility activities for inmates. By October 1, 2019, the Department shall report to the
33 Joint Legislative Oversight Committee on Justice and Public Safety on the implementation of the
34 documentation of criteria for the submission of Medicaid applications and the electronic
35 submission of Medicaid applications."

36 **SECTION 5.(a)** The DPS Health Services Section and the Office of State Human
37 Resources shall jointly study the salaries of all in-prison health services employees to determine
38 what adjustments are necessary to increase the salaries of new hires and existing employees of
39 the Health Services Section to market rates.

40 **SECTION 5.(b)** DPS shall establish a vacancy rate benchmark for each correctional
41 facility and shall create a plan to reduce the vacancy rates. DPS shall consider initiatives to reduce
42 vacancy rates, including the following:

- 43 (1) Increasing salaries to market rates.
- 44 (2) Creating a student loan forgiveness program for the Health Services Section.
- 45 (3) Offering signing bonuses and annual cash incentives.
- 46 (4) Increasing the use of telemedicine positions.
- 47 (5) Creating dual appointment opportunities for doctors currently employed by
48 the State.
- 49 (6) Offering differential pay for health services workers employed in
50 difficult-to-staff facilities.

1 (7) Streamlining and potentially eliminating duplicative or unnecessary steps in
2 the hiring process.

3 **SECTION 5.(c)** DPS shall establish methods to measure the effectiveness of the
4 initiatives to reduce vacancy rates required in subsection (b) of this section and estimate the
5 budgetary impact and anticipated savings from DPS's reduced reliance on outside contracted
6 providers. By February 1, 2020, DPS shall submit its findings on salaries and vacancy rates,
7 including any proposed legislation and the need for assistance required from the Office of Human
8 Resources and the Office of Rural Health in the Department of Health and Human Services to
9 accomplish the objectives outlined in subsections (a) and (b) of this section to the Joint
10 Legislative Oversight Committee on Justice and Public Safety.

11 **SECTION 6.(a)** The DPS Health Services Section shall establish performance
12 measures for its current telemedicine pilot program to inform a business case for potential
13 expansion of the pilot program. As part of the business case, the Health Services Section shall
14 quantify savings achieved from telemedicine visits compared to in-person visits from medical
15 staff by collecting information as to which procedures, such as intake screenings, sick calls,
16 triage, or chronic disease management, are most conducive to being treated through telemedicine.
17 The Health Services Section shall propose an implementation plan to expand the use of
18 telemedicine with accompanying estimated cost savings, which at a minimum shall include
19 prison facilities that rely extensively on community hospital facilities.

20 **SECTION 6.(b)** By April 1, 2020, and annually thereafter, the DPS Health Services
21 Section shall report on its business case for telemedicine, including expenditures and savings, to
22 the Joint Legislative Oversight Committee on Justice and Public Safety. DPS Health Services
23 Section shall not expand the pilot program until the results of the current pilot program can be
24 demonstrated and reported to the General Assembly.

25 **SECTION 7.** This act becomes effective July 1, 2019.