

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013**

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**SENATE BILL 321
PROPOSED COMMITTEE SUBSTITUTE S321-PCS15265-TK-28**

Short Title: Contain Counties' Inmate Medical Costs.

(Public)

Sponsors:

Referred to:

March 14, 2013

A BILL TO BE ENTITLED
AN ACT TO CAP REIMBURSEMENT BY COUNTIES FOR MEDICAL SERVICES
PROVIDED TO INMATES IN COUNTY JAILS AND TO ALLOW COUNTIES TO
UTILIZE MEDICAID FOR ELIGIBLE PRISONERS.

The General Assembly of North Carolina enacts:

SECTION 1. Counties shall reimburse those providers and facilities providing approved inmate medical services to inmates in local confinement facilities the lesser amount of either a rate of seventy percent (70%) of the provider's then-current prevailing charge or two times the then-current Medicaid rate for any given service. Each county shall have the right to audit any given provider to determine the actual prevailing charge to ensure compliance with this provision.

This section does apply to vendors providing services that are not billed on a fee-for-service basis, such as temporary staffing. Nothing in this section shall preclude a county from contracting with a provider for services at rates that provide greater documentable cost avoidance for the county than do the rates contained in this section or at rates that are less favorable to the county but that will ensure the continued access to care.

SECTION 2. G.S. 153A-225(a) reads as rewritten:

"(a) Each unit that operates a local confinement facility shall develop a plan for providing medical care for prisoners in the facility. ~~The plan-plan:~~

- (1) Shall be designed to protect the health and welfare of the prisoners and to avoid the spread of contagious disease;
- (2) Shall provide for medical supervision of prisoners and emergency medical care for prisoners to the extent necessary for their health and welfare;
- (3) Shall provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal ~~diseases-diseases; and~~
- (4) May utilize Medicaid coverage for inpatient hospitalization for eligible prisoners, provided that the plan includes a reimbursement to the State of the State portion of the costs, including the costs of the services provided and any administrative costs to the State's Medicaid program.

The unit shall develop the plan in consultation with appropriate local officials and organizations, including the sheriff, the county physician, the local or district health director, and the local medical society. The plan must be approved by the local or district health director after consultation with the area mental health, developmental disabilities, and substance abuse authority, if it is adequate to protect the health and welfare of the prisoners. Upon a determination that the plan is adequate to protect the health and welfare of the prisoners, the plan must be adopted by the governing body.



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1 As a part of its plan, each unit may establish fees of not more than twenty dollars (\$20.00)
2 per incident for the provision of nonemergency medical care to prisoners. In establishing fees
3 pursuant to this section, each unit shall establish a procedure for waiving fees for indigent
4 prisoners."

5 **SECTION 3.** In preparation for the July 1, 2014, effective date of Section 2 of this
6 act, the Department of Public Safety (DPS) shall work with the counties to prepare for the
7 change made to G.S. 153A-225(a)(4) made in Section 2 of this act. DPS shall facilitate the
8 counties' use of the existing system in place between DPS and the Department of Health and
9 Human Services that enables DPS to utilize Medicaid coverage for inpatient hospitalization for
10 eligible individuals.

11 **SECTION 4.** Section 2 of this act becomes effective July 1, 2014. The remainder
12 of this act becomes effective July 1, 2013.