GENERAL ASSEMBLY OF NORTH CAROLINA **SESSION 2017**

H.B. 1045 May 30, 2018 HOUSE PRINCIPAL CLERK

HOUSE BILL DRH10461-SHz-4B*

(Public)

Representatives Dobson, Lambeth, and R. Turner (Primary Sponsors). Sponsors:

Health-Local Confinement/Prison HealthConnex.

Referred to:

Short Title:

A BILL TO BE ENTITLED

AN ACT TO ADDRESS HEALTH ISSUES IN LOCAL CONFINEMENT FACILITIES AND TO ENSURE THAT STATE PRISONS ARE FULL PARTICIPANTS IN THE NC HEALTH INFORMATION EXCHANGE KNOWN AS NC HEALTHCONNEX. AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 153A-225 reads as rewritten:

"§ 153A-225. Medical care of prisoners.

- Each unit that operates a local confinement facility shall develop a plan for providing medical care for prisoners in the facility. The plan:
 - Shall be designed to protect the health and welfare of the prisoners and to (1) avoid the spread of contagious disease;
 - Shall provide for medical supervision of prisoners and emergency medical (2) care for prisoners to the extent necessary for their health and welfare;
 - Shall provide for the detection, examination and treatment of prisoners who (3) are infected with tuberculosis or venereal diseases; and
 - May utilize Medicaid coverage for inpatient hospitalization or for any other (4) Medicaid services allowable for eligible prisoners, provided that the plan includes a reimbursement process which pays to the State the State portion of the costs, including the costs of the services provided and any administrative costs directly related to the services to be reimbursed, 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.

As a part of its plan, each unit may establish fees of not more than twenty dollars (\$20.00) per incident for the provision of nonemergency medical care to prisoners and a fee of not more than ten dollars (\$10.00) for a 30-day supply or less of a prescription drug. In establishing fees pursuant to this section, each unit shall establish a procedure for waiving fees for indigent prisoners.



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- (b) If a prisoner in the custody of a local confinement facility dies, the medical examiner and the coroner shall be notified immediately. immediately, regardless of the physical location of the prisoner at the time of death. Within five days after the day of the death, the administrator of the facility shall make a written report to the local or district health director and to the Secretary of Health and Human Services. The report shall be made on forms developed and distributed by the Department of Health and Human Services.
- (b1) Whenever a local confinement facility transfers a prisoner from that facility to another local confinement facility, the transferring facility shall provide the receiving facility with any health information or medical records the transferring facility has in its possession pertaining to the transferred prisoner.
- (c) If a person violates any provision of this section (including the requirements regarding G.S. 130-97 and 130-121), he is guilty of a Class 1 misdemeanor."
- **SECTION 2.** Consistent with the requirements of G.S. 153A-216(3) and G.S. 153A-221, the Department of Health and Human Services shall study how to improve prisoner health screening with a goal of improving the determination that a prisoner in a local confinement facility has been prescribed life-saving prescription medications and a process to ensure the timely administration of those prescription medications by appropriate personnel. On or before November 1, 2018, the Department shall provide a report on this study to the Joint Legislative Oversight Committee on Health and Human Services.

SECTION 3.(a) The Department of Health and Human Services and the Government Data Analytics Center within the Department of Information Technology shall jointly collaborate with organizations representing local government and local law enforcement to explore participation by local confinement facilities in the North Carolina Health Information Exchange Network (HIE Network), known as NC HealthConnex, in order to facilitate the secure electronic transmission of individually identifiable health information pertaining to prisoners in the custody of local confinement facilities.

SECTION 3.(b) The Department of Public Safety, the Department of Health and Human Services, and the Government Data Analytics Center within the Department of Information Technology, shall work collaboratively to ensure North Carolina prison facilities are full participants in the HIE Network, known as NC HealthConnex, in order to facilitate the secure electronic transmission of individually identifiable health information pertaining to inmates in the custody of the Division of Adult Correction and Juvenile Justice of the Department of Public Safety.

SECTION 3.(c) On or before October 1, 2018, the Department of Health and Human Services and the Government Data Analytics Center within the Department of Information Technology, shall provide an interim report to the Joint Legislative Oversight Committee on Health and Human Services on the actions required by this section. On or before October 1, 2019, the Department of Health and Human Services and the Government Data Analytics Center within the Department of Information Technology, shall provide a final report to the Joint Legislative Oversight Committee on Health and Human Services on the actions required by this section.

SECTION 4. This act is effective when it becomes law.

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