

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

H

1

HOUSE BILL 883

Short Title: Increase Inmate Health Care. (Public)

Sponsors: Representatives Murphy, McNeill, Dobson, and Lambeth (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Appropriations

April 25, 2017

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT ALL NORTH CAROLINA JAILS AND PRISONS
ESTABLISH A HEALTH INFORMATION EXCHANGE TO INCREASE SHARING OF
NECESSARY HEALTH INFORMATION OF INMATES BETWEEN ALL JAIL AND
PRISON FACILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. Article 4 of Chapter 162 of the General Statutes is amended by
adding a new section to read:

**"§ 162-51. Sharing of inmate medical information between jails and other corrections
institutions.**

(a) Definition. – Health Information Exchange means a computer-based medical
summary outlining an inmate's medical history recorded by a jail, the person's condition, any
treatment reported upon intake, any medical tests undertaken and the results thereof, any
medications prescribed or being taken by said inmate, the inmate's vital signs, and any special
medical needs or requirements for said inmate.

(b) Notwithstanding any other law, every sheriff in North Carolina is required by
January 1, 2018, and by January 1 for every year thereafter, to certify to the Secretary of the
North Carolina State Department of Health and Social Services and the North Carolina
Commissioner of Corrections that the jail they administer is part of the Health Information
Exchange and is utilizing computer-based medical software by and through which the
information contained in subsection (a) of this section is being recorded, along with any other
information that their jail medical provider shall deem necessary and appropriate for
recording.

(c) Each sheriff must further certify that the software system being utilized in their jail,
in accordance with subsection (b) of this section, is one that is wholly or partly designed or
approved by a medical doctor with experience in the provision of medical care in a jail or other
corrections institution setting and who is licensed to practice medicine in the State of North
Carolina. One of the medical doctors involved in the design of said software must be a licensed
psychiatrist who has worked in the practice of psychiatry in the corrections system of North
Carolina and who is familiar with common mental health conditions found in inmates in
corrections facilities as well as assessing and treating patients for substance dependency and
abuse and correctly documenting the same for the use and benefit of other corrections
institutions.

(d) Any software system installed, in accordance with this section, shall be capable of
making data regarding a particular inmate that is recorded therein available to those responsible



1 for ensuring the provision of medical care to inmates in other jails, or Department of
2 Corrections facility, within North Carolina to which said inmate is, or may be, transferred.
3 Therefore, in accordance with subsection (b) of this section, said system shall be capable of
4 either (i) maintaining the inmate medical reports, as provided for in subsection (a) of this
5 section, on a secure, online database or (ii) must be capable of printing off a report containing
6 all information provided for in subsection (a) of this section that may then be conveyed
7 manually or via facsimile or other electronic means to another jail and shall contain a Prison
8 Rape Elimination Act Reporting Module to comply with the requirements of federal legislation.

9 (e) Nothing in this section shall be deemed to be an expansion of any statutory, express
10 or implied, waiver of an inmate's privacy rights in their medical and diagnostic records. No
11 liability, for any injury to person or property, howsoever caused, shall attach to the designer of
12 the Health Information Exchange program, nor to the medical doctor approving such program,
13 nor to any person or entity who, in the course of their duties, is using the Health Information
14 Exchange program.

15 (f) Each prison or jail will be responsible to ensure the secure connectivity to the
16 central Health Information Exchange database, including IT support, cost of the scanner
17 necessary to upload outside medical documents, and any other related support except for
18 software programming or development."

19 **SECTION 2.** Article 2 of Chapter 148 of the General Statutes is amended by
20 adding a new section to read:

21 **"§ 148-19.3. Sharing of inmate medical information between jails**

22 (a) Definition. – Health Information Exchange means a computer-based medical
23 summary outlining an inmate's medical history recorded by a jail, the person's condition, any
24 treatment reported upon intake, any medical tests undertaken and the results thereof, any
25 medications prescribed or being taken by said inmate, the inmate's vital signs, and any special
26 medical needs or requirements for said inmate.

27 (b) Notwithstanding any other law, every prison in North Carolina is required by
28 January 1, 2018, and by January 1 for every year thereafter, to certify to the Secretary of the
29 North Carolina State Department of Health and Social Services and the North Carolina
30 Commissioner of Corrections that the jail they administer is part of the Health Information
31 Exchange and is utilizing computer-based medical software by and through which the
32 information contained in subsection (a) of this section is being recorded, along with any other
33 information that their jail medical provider shall deem necessary and appropriate for
34 recordation.

35 (c) Each Prison Administrator or their designee must further certify that the software
36 system being utilized in their jail, in accordance with subsection (b) of this section, is one that
37 is wholly or partly designed or approved by a medical doctor, with experience in the provision
38 of medical care in a jail setting, and who is licensed to practice medicine in the State of North
39 Carolina. One of the medical doctors involved in the design of said software must be a licensed
40 psychiatrist who has worked in the practice of psychiatry in the corrections system of North
41 Carolina and who is familiar with common mental health conditions found in inmates in
42 corrections facilities as well as assessing and treating patients for substance dependency and
43 abuse and correctly documenting the same for the use and benefit of other corrections
44 institutions.

45 (d) Any software system installed, in accordance with this section, shall be capable of
46 making data regarding a particular inmate that is recorded therein available to those responsible
47 for ensuring the provision of medical care to inmates in other jails, or Department of Public
48 Safety Corrections facility, within North Carolina to which said inmate is, or may be,
49 transferred. Therefore, in accordance with subsection (b) of this section, said system shall be
50 capable of either (i) maintaining the inmate medical reports, as provided for in subsection (a) of
51 this section, on a secure, online database or (ii) must be capable of printing off a report

1 containing all information provided for in subsection (a) of this section that may then be
2 conveyed manually or via facsimile or other electronic means to another jail and shall contain a
3 Prison Rape Elimination Act Reporting Module to comply with the requirements of federal
4 legislation.

5 (e) Nothing in this section shall be deemed to be an expansion of any statutory, express
6 or implied waiver of an inmate's privacy rights in their medical and diagnostic records. No
7 liability, for any injury to person or property, howsoever caused, shall attach to the designer of
8 the Health Information Exchange program, nor to the medical doctor approving such program,
9 nor to any person or entity who, in the course of their duties, is using the Health Information
10 Exchange program.

11 (f) Each prison or jail will be responsible to ensure the secure connectivity to the
12 central Health Information Exchange database, including IT support, cost of the scanner
13 necessary to upload outside medical documents, and any other related support except for
14 software programming or development."

15 **SECTION 3.** There is appropriated from the General Fund to the Department of
16 Public Safety the sum of two million one hundred fifty thousand dollars (\$2,150,000) in
17 nonrecurring funds for the fiscal year 2017-2018 and the sum of seven hundred fifty thousand
18 dollars (\$750,000) in recurring funds for the 2018-2019 fiscal year to be allocated for the
19 licensing fees, maintenance, integration, and implementation of the necessary software as
20 provided for in this act.

21 **SECTION 4.** This act becomes effective July 1, 2017.