

GENERAL ASSEMBLY OF NORTH CAROLINA
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SENATE BILL DRS25068-SHz-4A*

Short Title: Health-Local Confinement/Prison HealthConnex. (Public)

Sponsors: Senators Krawiec and Pate (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO ADDRESS HEALTH ISSUES IN LOCAL CONFINEMENT FACILITIES AND
3 TO ENSURE THAT STATE PRISONS ARE FULL PARTICIPANTS IN THE NC
4 HEALTH INFORMATION EXCHANGE KNOWN AS NC HEALTHCONNEX, AS
5 RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
6 HEALTH AND HUMAN SERVICES.

7 The General Assembly of North Carolina enacts:

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

9 "§ 153A-225. Medical care of prisoners.

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

- 12 (1) Shall be designed to protect the health and welfare of the prisoners and to
13 avoid the spread of contagious disease;
- 14 (2) Shall provide for medical supervision of prisoners and emergency medical
15 care for prisoners to the extent necessary for their health and welfare;
- 16 (3) Shall provide for the detection, examination and treatment of prisoners who
17 are infected with tuberculosis or venereal diseases; and
- 18 (4) May utilize Medicaid coverage for inpatient hospitalization or for any other
19 Medicaid services allowable for eligible prisoners, provided that the plan
20 includes a reimbursement process which pays to the State the State portion
21 of the costs, including the costs of the services provided and any
22 administrative costs directly related to the services to be reimbursed, to the
23 State's Medicaid program.

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

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



1 (b) If a prisoner in the custody of a local confinement facility dies, the medical
2 examiner and the coroner shall be notified ~~immediately~~-~~immediately~~, regardless of the physical
3 location of the prisoner at the time of death. Within five days after the day of the death, the
4 administrator of the facility shall make a written report to the local or district health director
5 and to the Secretary of Health and Human Services. The report shall be made on forms
6 developed and distributed by the Department of Health and Human Services.

7 (b1) Whenever a local confinement facility transfers a prisoner from that facility to
8 another local confinement facility, the transferring facility shall provide the receiving facility
9 with any health information or medical records the transferring facility has in its possession
10 pertaining to the transferred prisoner.

11 (c) If a person violates any provision of this section (including the requirements
12 regarding G.S. 130-97 and 130-121), he is guilty of a Class 1 misdemeanor."

13 **SECTION 2.** Consistent with the requirements of G.S. 153A-216(3) and
14 G.S. 153A-221, the Department of Health and Human Services shall study how to improve
15 prisoner health screening with a goal of improving the determination that a prisoner in a local
16 confinement facility has been prescribed life-saving prescription medications and a process to
17 ensure the timely administration of those prescription medications by appropriate personnel. On
18 or before November 1, 2018, the Department shall provide a report on this study to the Joint
19 Legislative Oversight Committee on Health and Human Services.

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

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

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

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