## CHAPTER 85 HB 432-FN – FINAL VERSION

6Mar2013... 0324h 27Mar2013... 0907h

#### 2013 SESSION

13-0602 04/01

AN ACT	relative to health care costs for county and state inmates.
SPONSORS:	Rep. Pantelakos, Rock 25; Rep. Shurtleff, Merr 11; Rep. Charron, Rock 4
COMMITTEE:	Health, Human Services and Elderly Affairs

# ANALYSIS

This bill amends the procedures for reimbursement by the county and state departments of corrections for the costs of inmate medical care.

Explanation:Matter added to current law appears in **bold italics.**Matter removed from current law appears [in brackets and struckthrough.]Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

## **CHAPTER 85** HB 432-FN - FINAL VERSION

6Mar2013... 0324h 27Mar2013... 0907h

> 13-060204/01

## STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to health care costs for county and state inmates.

Be it Enacted by the Senate and House of Representatives in General Court convened:

85:1 Medical Services for County Prisoners. Amend RSA 623-C:1, I to read as follows:

 $\mathbf{2}$ I.(a) Except as provided in subparagraphs (b) through [(f), no hospital or emergency room 3 shall charge a county or its agent (g), the county department of corrections or its agent shall pay health care facilities licensed pursuant to RSA 151 no more than 110 percent of the 4 Medicare allowable rate for inpatient, outpatient, or emergency room care provided for prisoners in  $\mathbf{5}$ county correctional facilities. 6

7(b) Except as provided in subparagraphs (c) through (e), and subparagraph (i), 8 the county department of corrections or its agent shall pay independent health care 9 providers licensed in this state no more than 125 percent of the Medicare allowable rate for care provided for prisoners in county correctional facilities. 10

11 (c) Allowances provided by hospitals shall qualify as community benefits under RSA 7:32-d, III(b). 12

13[(e)] (d) [Hospitals] The county department of corrections shall pay health care 14facilities licensed pursuant to RSA 151 and reported by the department of health and human 15services as having a negative operating margin in the most recent year for which [hospital audited] 16audited financial data is available [shall charge] no more than 125 percent of the Medicare rate.

17 $\left[\frac{d}{d}\right]$  (e) Nothing in this section shall preclude the superintendent of a county 18correctional facility from negotiating and executing medical service rate agreements with 19health care facilities licensed pursuant to RSA 151, or other licensed medical providers, 20for the provision of medical or dental services to county prisoners at the lowest rate 21possible, or utilizing rates in existing agreements.

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(f) The superintendent of a county correctional facility may waive the application of 23subparagraph (a) if the superintendent determines such action is necessary to ensure prisoner access 24to medically necessary care.

25(c) The superintendent of a county correctional facility may waive the application of 26subparagraph (a) if the superintendent determines such action to be necessary for the efficient 27operations of the county correctional facility.

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(f) Nothing in this paragraph shall require a hospital to admit any person]

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The superintendent of a county correctional facility may waive the 1 (g)  $\mathbf{2}$ application of subparagraph (a) if the superintendent determines such action to be 3 necessary for the efficient operations of the county correctional facility.

4 (h) The superintendent of a county correctional facility may at any time audit  $\mathbf{5}$ any claim or seek clarification on any payment made pursuant to this section, or both. Upon request by the superintendent, the provider shall furnish information on pricing 6 7methodology and shall detail any internal process controls for ensuring accurate pricing 8 of claims processed under this section. Claim information shall be provided in the industry standard format, including but not limited to the application of global surgery 9 10provisions, billing for surgical assistants, and bundling.

11 (i) If a county prisoner's medical care is covered by Medicaid, the health care 12facility licensed pursuant to RSA 151, or the licensed health care provider, or both, shall be 13paid at the Medicaid rate for services provided.

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85:2 Medical Services for State Prisoners. Amend RSA 623-C:2, I and II to read as follows:

15I.(a) Except as provided in subparagraphs (b) through [(d)] (f), the state department of 16corrections or its agent shall pay health care facilities [and hospitals] licensed pursuant to RSA 17151 no more than 110 percent of the Medicare allowable rate for inpatient, outpatient, or 18 emergency room care provided for prisoners in state correctional facilities. [In this chapter, "health 19care facilities" mean ambulatory and specialty-medical services centers licensed under RSA 151, and 20shall include but not be limited to surgical, rehabilitation, long term, oncology, and dialysis centers, 21but shall not include physician practices and community health care clinics.]

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(b) Except as provided in subparagraphs (c) through (e), and subparagraph (h), 23the state department of corrections or its agent shall pay independent health care 24providers licensed in this state no more than 125 percent of the Medicare allowable rate for 25care provided for prisoners in state correctional facilities.

26(c) Allowances provided by hospitals shall qualify as community benefits under RSA 277:32-d, III(b).

28(d) The state department of corrections shall pay health care facilities licensed 29pursuant to RSA 151 and reported by the department of health and human services as 30 having a negative operating margin in the most recent year for which audited financial data is available no more than 125 percent of the Medicare rate. 31

[(e)] (e) The commissioner of the state department of corrections may waive the 3233 application of subparagraph (a) if the commissioner determines such action is necessary to ensure prisoner access to medically necessary care. 34

(d) (f) The commissioner of the state department of corrections may waive the 3536 application of subparagraph (a) if the commissioner determines such action to be necessary for the

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1 efficient operations of the state correctional facility.

2 (g) The commissioner of the state department of corrections may at any time 3 audit any claim or seek clarification on any payment made pursuant to this section, or 4 both. Upon request by the commissioner, the provider shall furnish information on pricing 5 methodology and shall detail any internal process controls for ensuring accurate pricing 6 of claims processed under this section. Claim information shall be provided in the 7 industry standard format, including but not limited to the application of global surgery 8 provisions, billing for surgical assistants, and bundling.

9 (h) If a state prisoner's medical care is covered by Medicaid, the facility or the 10 licensed health care provider, or both, shall be paid at the Medicaid rate for services 11 provided.

II. Nothing in this section shall preclude the commissioner of the *state* department of corrections from [having the discretion to negotiate and execute] *negotiating and executing* medical service rate agreements with [hospitals or] health care facilities *licensed pursuant to RSA 15 151, or other licensed medical providers,* for the provision of medical *or dental* services to state prisoners at the lowest rate possible, or utilizing rates in existing agreements.

17 85:3 Effective Date. This act shall take effect July 1, 2013.

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19 Approved: June 19, 2013

20 Effective Date: July 1, 2013