

# FINAL BILL REPORT

## HB 2803

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Synopsis as Enacted

**Brief Description:** Concerning health care services for incarcerated offenders.

**Sponsors:** Representative Cody.

**House Committee on Ways & Means**

**Background:**

Health Care Services for Offenders.

When an offender enters the custody of the Department of Corrections (DOC), a health profile for the offender must be prepared, including a financial assessment of the offender's ability to pay for all or a portion of the health care services received from personal resources or private insurance. Offenders are required to pay a co-payment of no less than \$3 per visit. The co-payment may be collected from the offender's institution account and is deposited into the State General Fund. Offenders are not required to pay a co-payment for emergency treatment, visits initiated by health care staff, or treatment for a serious health care need.

The DOC has taken several steps over the past few years to contain health care costs. These steps include:

- payment of all eligible inpatient hospital and related services through Medicaid;
- utilizing a management team of nurses to monitor payments to outside providers as well as care provided within DOC facilities;
- contracting with the Washington State Health Care Authority pharmaceutical consortium to reduce the cost of prescription drugs in prisons; and
- implementing protocols and processes to ensure services are evidence-based and medically necessary.

Regulation of Hospitals.

Hospitals in Washington must be licensed by the Department of Health (DOH). The DOH establishes standards for the construction, maintenance, and operation of hospitals, including standards for the care and treatment of patients. The DOH: issues, denies, and revokes licenses; conducts surveys and inspections of hospitals; determines sanctions for violations of the DOH standards; and receives regular reports on each hospital's governance and finances, as well as certain patient care measures.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Summary:**

Offenders must participate in the costs of their health care services by paying an amount that is commensurate with their resources as determined by the DOC, or a nominal amount of no less than \$4 per visit. All co-payments collected must be used to reduce expenditures for offender health care at the DOC. An offender must make a co-payment even if the health care service is for emergency treatment, initiated by health care staff, or treatment for a serious health care need.

To the extent that it is allowed by federal law and federal financial participation is available, the DOC is authorized to act on behalf of an inmate for purposes of applying for Medicaid eligibility.

Providers of hospital services that are licensed with the DOH must contract with the DOC for inpatient, outpatient, and ancillary services, as a condition of licensure. Payments to hospitals from the DOC for these services must be:

- paid through the Provider One system operated by the Health Care Authority;
- reimbursed using the reimbursement methodology in use by the state Medicaid program; and
- reimbursed at a rate no more than the amount payable under the Medicaid reimbursement structure plus a percentage increase that is determined in the state operating budget.

**Votes on Final Passage:**

House	93	0	
Senate	46	1	(Senate amended)
House	98	0	(House concurred)

**Effective:** June 7, 2012