

Utah Department of Corrections Clinical Services Bureau - Inmate Medical

History of Corrections' Clinical Services Budget Supplemental Appropriations

	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
Yearly One-Time Adjustments	\$0	\$971,300	\$1,300,000	\$2,400,000*	\$2,385,500*	\$2,000,000

* Funding for supplemental came from the department's Programs & Operations line-item. The same occurred for FY12.

Clinical Services Budget Scenario - Expenditures vs. Appropriated with One-Time Funding Excluded

Appropriated	\$17,333,000	\$19,172,600	\$20,012,300	\$20,732,400	\$20,869,400	\$25,556,200
Expenditures	\$17,620,700	\$19,896,600	\$21,182,700	\$23,791,300	\$22,646,600	\$26,894,500
Difference	(\$287,700)	(\$724,000)	(\$1,170,400)	(\$3,058,900)	(\$1,777,200)	(\$1,338,300)

Medical Services within Prison Systems

When the State takes custody of offenders, certain responsibilities come with that custody. Provision of adequate medical, dental, and psychological care is one such responsibility. The department's Clinical Services Bureau provides these services, and the services provided meet but do not exceed community standards. The department has a contract with the University of Utah Medical Center to provide emergency, surgical, and specialty services that cannot be provided within the prison system.

The department is no different from typical consumers of medical services. Costs for pharmaceuticals and medical services are increasing consistently, but the budget for Clinical Services is not keeping pace. Additionally, unexpected catastrophic cases can and do create annual budgetary problems. As an example, prior to the 2012 Legislative Session, the department projected a budget shortfall of approximately \$500,000. Medical situations arose requiring supplemental funding of \$2,500,000 rather than \$500,000; two examples include:

- The Draper prison site experienced an outbreak of Botulism that impacted a number of inmates and lead to significant medical costs.
- Two inmates required bone marrow transplants.

Unexpected medical situations such as these can be difficult to manage budgetarily.

Pro-active Steps Taken by Corrections to Reduce Cost, Increase Efficiency, and Protect the Public

- *On-site Dialysis:* Diabetic inmates were being transported to the University Medical Center (UMC) several times per week for dialysis. The department opened a dialysis service at the Draper prison site allowing diabetic inmates to receive this care.
- *Tele-medicine:* Partnering with the UMC, the department significantly increased the use and services available via on-line, video consultation. Examples include, ENT and orthopedic services. Tele-medicine services have a \$25 flat fee. This saves money and decreases transportation to UMC for appointments.
- *Mobile MRI:* The department has contracted for MRI services provided at the Draper prison site. This allows the imaging to be completed without inmate transportation.
- *Medicaid Access:* The department discovered that in certain situations, Medicaid funding is available for qualifying inmates. Working with the Department of Health and the Department of Workforce Services, the department has started screening inmates hospitalized for more than 24-hours to determine if they are Medicaid eligible. This allows federal funds to cover much of the medical costs for inmates who are eligible, and the department covers the state portion.
- *UMC Contract Adjustments:* With legislation passed during the 2010 Session, the department pays the Medicaid rate if no contract is in place with a medical provider. This assisted the department in negotiating a more competitive contract for outside medical services.
- *Inmate Insurance:* For several consecutive years, the department supported a bill sponsored by Rep. Paul Ray that would require insurance companies to cover medical costs where the inmate had a policy in place. Medical insurance will not cover these costs if the person covered is incarcerated. Because policy premiums typically do not decrease when a person covered is in prison, it seems fair that prison medical costs would be covered in these situations. Unfortunately, this bill has not yet been passed, but the department remains supportive of such an implementation.

