

1                                   **Inmate Medical Treatment Rates Amendments**  
  2026 GENERAL SESSION  
  STATE OF UTAH  
  **Chief Sponsor: Doug Fiefia**  
  Senate Sponsor: Keven J. Stratton

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3   **LONG TITLE**

4   **General Description:**

5       This bill addresses medical treatment rates for inmates.

6   **Highlighted Provisions:**

7       This bill:

- 8           ▸ creates a restricted account known as the Inmate Medical Treatment Restricted Account
- 9           (restricted account);
- 10          ▸ requires the Department of Health and Human Services (department) to pay the
- 11          University of Utah Hospitals and Clinics and the University of Utah's physician groups
- 12          Medicare rates for medical services rendered to inmates;
- 13          ▸ requires the department to submit a report to the Health and Human Services Interim
- 14          Committee and the Law Enforcement and Criminal Justice Interim Committee that
- 15          includes:
  - 16               • a calculation of savings from paying the Medicare rate; and
  - 17               • an accounting of the restricted account;
- 18          ▸ defines terms; and
- 19          ▸ makes technical and conforming changes.

20   **Money Appropriated in this Bill:**

21       None

22   **Other Special Clauses:**

23       None

24   **Utah Code Sections Affected:**

25    AMENDS:

26       **26B-4-1002**, as renumbered and amended by Laws of Utah 2025, Chapter 88

27    ENACTS:

28 **26B-1-337**, Utah Code Annotated 1953

29

30 *Be it enacted by the Legislature of the state of Utah:*

31 Section 1. Section **26B-1-337** is enacted to read:

32 **26B-1-337 . Inmate Medical Treatment Restricted Account.**

33 (1) As used in this section:

34 (a) "Account" means the Inmate Medical Treatment Restricted Account created in  
35 Subsection (2).

36 (b) "Division" means the Division of Correctional Health Services.

37 (c) "Savings" means the difference between the rate the department pays to the  
38 University of Utah Hospitals and Clinics and the University of Utah's physician  
39 groups for outpatient services under Subsection 26B-4-1002(8), and the cost to  
40 charge rate for the medical services rendered to an inmate by the University of Utah  
41 Hospitals and Clinics and the University of Utah's physician groups.

42 (2) There is created a restricted account within the General Fund known as the "Inmate  
43 Medical Treatment Restricted Account."

44 (3) The account consists of:

45 (a) 50% of carry forward funds from the division's budget due to savings; and

46 (b) unexpended balances lapsed to the account from the division's budget.

47 (4) The remaining 50% of carry forward funds from the division's budget due to savings  
48 shall be deposited into the General Fund.

49 (5) At the close of the fiscal year, the department may, without an appropriation, deposit  
50 into the account carry forward funds described in Subsection (3)(a).

51 (6) Money in the fund may only be used by the division for purposes approved by the  
52 department.

53 (7) Before approving an expenditure or commitment to expend, the department shall obtain  
54 approval for the expenditure or commitment to expend from the Social Services  
55 Appropriations Subcommittee.

56 Section 2. Section **26B-4-1002** is amended to read:

57 **26B-4-1002 . Medical care for inmates -- Reporting of statistics.**

58 (1) As used in this section:

59 (a) "Inmate Medical Treatment Restricted Account" means the account created in  
60 Section 26B-1-337.

61 (b) "Savings" means the difference between the rate the department pays to the

62 University of Utah Hospitals and Clinics and the University of Utah's physician  
63 groups under Subsection (8), and the cost to charge rate for the medical services  
64 rendered to an inmate by the University of Utah Hospitals and Clinics and University  
65 of Utah's physician groups.

66 [(1)] (2) The department shall:

- 67 (a) for each health care facility owned or operated by the Department of Corrections,  
68 assist the Department of Corrections in complying with Section 64-13-39;
- 69 (b) in coordination with the Department of Corrections, and as the Department of  
70 Correction's agent:
- 71 (i) create policies and procedures for providing comprehensive health care to inmates;  
72 (ii) provide inmates with comprehensive health care; and  
73 (iii) develop standard population indicators and performance measures relating to the  
74 health of inmates;
- 75 (c) collaborate with the Department of Corrections to comply with Section 64-13-25.1;  
76 and
- 77 (d) contract with a telehealth psychiatric consultation provider to provide consultation  
78 services to staff responsible for inmates' psychiatric care.

79 [(2)] (3) In providing the comprehensive health care described in Subsection [(1)(b)(ii)]  
80 (2)(b)(ii), the department may not, without entering into an agreement with the  
81 Department of Corrections, provide, operate, or manage any treatment plans for inmates  
82 that are:

- 83 (a) required to be provided, operated, or managed by the Department of Corrections in  
84 accordance with Section 64-13-6; and
- 85 (b) not related to the comprehensive health care provided by the department.

86 [(3)] (4) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

- 87 (a) evaluate and study the use of medical monitoring technology and create a plan for a  
88 pilot program that identifies:
- 89 (i) the types of medical monitoring technology that will be used during the pilot  
90 program; and
- 91 (ii) eligibility for participation in the pilot program; and
- 92 (b) make the indicators and performance measures described in Subsection [(1)(b)(iii)]  
93 (2)(b)(iii) available to the public through the Department of Corrections and the  
94 department websites.

95 [(4)] (5) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement

96 the pilot program.

97 [~~(5)~~] (6) The department shall submit to the Health and Human Services Interim Committee  
98 and the Law Enforcement and Criminal Justice Interim Committee:

99 (a) a report on or before October 1 of each year regarding the costs and benefits of the  
100 pilot program;

101 (b) a report that summarizes the indicators and performance measures described in  
102 Subsection [~~(1)~~](b)(iii) (2)(b)(iii) on or before October 1, 2024; and

103 (c) an updated report before October 1 of each year that compares the indicators and  
104 population measures of the most recent year to the initial report described in  
105 Subsection [~~(5)~~](b) (6)(b).

106 [~~(6)~~] (7) An inmate receiving comprehensive health care from the department remains in the  
107 custody of the Department of Corrections.

108 (8) Beginning on May 6, 2026, the department shall reimburse the University of Utah  
109 Hospitals and Clinics and the University of Utah's physician groups at Medicare rates  
110 for outpatient services rendered to an inmate on or after May 6, 2026.

111 (9)(a) The department shall annually submit a report:

112 (i) to the Health and Human Services Interim Committee on or before November 1 of  
113 each year; and

114 (ii) to the Law Enforcement and Criminal Justice Interim Committee upon request.

115 (b) The report described in Subsection (9)(a) shall include:

116 (i) a calculation of savings;

117 (ii) an accounting of the Inmate Medical Treatment Restricted Account; and

118 (iii) any other information the Health and Human Services Interim Committee or  
119 Law Enforcement and Criminal Justice Interim Committee requires.

120 Section 3. **Effective Date.**

121 This bill takes effect on May 6, 2026.