

Inmate Medical Treatment Rates Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Doug Fiefia

Senate Sponsor: Keven J. Stratton

LONG TITLE

General Description:

This bill addresses medical treatment rates for inmates.

Highlighted Provisions:

This bill:

- creates a restricted account known as the Inmate Medical Treatment Restricted Account (restricted account);
- requires the Department of Health and Human Services (department) to pay the University of Utah Hospitals and Clinics the noncapitated Medicaid rate for medical services rendered to inmates when there is no contract establishing rates;
- requires the department to submit a report to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee that includes:
 - a calculation of savings from paying the noncapitated Medicaid rate; and
 - an accounting of the restricted account;
- defines terms; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

ENACTS:

26B-1-337, Utah Code Annotated 1953

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 under Subsection (9)(a), and the cost to
39 charge rate for the medical services rendered to an inmate by a state teaching hospital.

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

42 (3) The account consists of:

43 (a) carry forward funds from the division's budget due to savings; and
44 (b) unexpended balances lapsed to the account from the division's budget.

45 (4) At the close of the fiscal year, the department may, without an appropriation, deposit
46 into the account carry forward funds described in Subsection (3).

47 (5) Money in the fund may only be used by the division for purposes approved by the
48 department.

49 (6) Before approving an expenditure or commitment to expend, the department shall obtain
50 approval for the expenditure or commitment to expend from the Social Services
51 Appropriations Subcommittee.

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

53 **26B-4-1002 . Medical care for inmates -- Reporting of statistics.**

54 [(4)] As used in this section:

56 (1) "Inmate Medical Treatment Restricted Account" means the account created in Section
57 26B-1-337.

58 (2) "Savings" means the difference between the rate the department pays to the University
59 of Utah Hospitals and Clinics under Subsection (8), and the cost to charge rate for the
60 medical services rendered to an inmate by a state teaching hospital.

61 (3) The department shall:

62 (a) for each health care facility owned or operated by the Department of Corrections,
63 assist the Department of Corrections in complying with Section 64-13-39;

64 (b) in coordination with the Department of Corrections, and as the Department of
65 Correction's agent:

- (i) create policies and procedures for providing comprehensive health care to inmates;
- (ii) provide inmates with comprehensive health care; and
- (iii) develop standard population indicators and performance measures relating to the health of inmates;

(c) collaborate with the Department of Corrections to comply with Section 64-13-25.1; and

(d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care.

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

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

] (5) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

- (a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:
 - (i) the types of medical monitoring technology that will be used during the pilot program; and
 - (ii) eligibility for participation in the pilot program; and
- (b) make the indicators and performance measures described in Subsection [(1)(b)(iii)] (3)(b)(iii) available to the public through the Department of Corrections and the department websites.

] (6) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.

] (7) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:

- (a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;
- (b) a report that summarizes the indicators and performance measures described in Subsection [(1)(b)(iii)] (3)(b)(iii) on or before October 1, 2024; and
- (c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in

100 Subsection [(5)(b)] (7)(b).

101 [(6)] (8) An inmate receiving comprehensive health care from the department remains in the
102 custody of the Department of Corrections.

103 (9)(a) If there is no contract between the department and the University of Utah
104 Hospitals and Clinics that establishes a fee schedule for medical services rendered,
105 the department shall reimburse the University of Utah Hospitals and Clinics for
106 medical services provided to an inmate at the noncapitated state Medicaid rate in
107 effect at the time the medical services were provided.

108 (b) The department shall annually submit to the Health and Human Services Interim
109 Committee and the Law Enforcement and Criminal Justice Interim Committee, on or
110 before November 1 of each year, a report that includes:
111 (i) a calculation of savings;
112 (ii) an accounting of the Inmate Medical Treatment Restricted Account; and
113 (iii) any other information the Health and Human Services Interim Committee or
114 Law Enforcement and Criminal Justice Interim Committee requires.

115 **Section 3. Effective Date.**

116 This bill takes effect on May 6, 2026.