

**Inmate Medical Treatment Rates Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Doug Fiefia**

Senate Sponsor: Keven J. Stratton

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**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

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

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

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

(1) As used in this section:

- (a) "Account" means the Inmate Medical Treatment Restricted Account created in Subsection (2).
- (b) "Division" means the Division of Correctional Health Services.
- (c) "Savings" means the difference between the rate the department pays to the University of Utah Hospitals and Clinics under Subsection (9)(a), and the cost to charge rate for the medical services rendered to an inmate by a state teaching hospital.

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

(3) The account consists of:

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

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

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

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

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

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

~~54~~ [(1)] As used in this section:

- (1) "Inmate Medical Treatment Restricted Account" means the account created in Section 26B-1-337.
- (2) "Savings" means the difference between the rate the department pays to the University of Utah Hospitals and Clinics under Subsection (8), and the cost to charge rate for the medical services rendered to an inmate by a state teaching hospital.

(3) The department shall:

- (a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39;
- (b) in coordination with the Department of Corrections, and as the Department of 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.

~~[(2)]~~ (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.

~~[(3)]~~ (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.

~~[(4)]~~ (6) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.

~~[(5)]~~ (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

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

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

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

(b) The department shall annually submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee, on or before November 1 of each year, a report that includes:

(i) a calculation of savings;

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

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

**Section 3. Effective Date.**

This bill takes effect on May 6, 2026.