

Doug Fiefia proposes the following substitute bill:

1 **Inmate Medical Treatment Rates Amendments**

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Doug Fiefia

Senate Sponsor: Keven J. Stratton

2 **LONG TITLE**

3 **General Description:**

4 This bill addresses medical treatment rates for inmates.

5 **Highlighted Provisions:**

6 This bill:

7 ▶ creates a restricted account known as the Inmate Medical Treatment Restricted Account
8 (restricted account);

9 ▶ requires the Department of Health and Human Services (department) to pay the
10 University of Utah Hospitals and Clinics the unsupplemented Medicaid base rate for
11 medical services rendered to inmates when there is no contract establishing rates;

12 ▶ requires the department to submit a report to the Health and Human Services Interim
13 Committee and the Law Enforcement and Criminal Justice Interim Committee that
14 includes:

15

- 16 • a calculation of savings from paying the unsupplemented Medicaid base 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 under Subsection 26B-4-1002(8), and the
39 cost to charge rate for the medical services rendered to an inmate by the University of
40 Utah Hospitals and Clinics.

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

43 (3) The account consists of:

44 (a) 50% of carry forward funds from the division's budget due to savings; and
45 (b) unexpended balances lapsed to the account from the division's budget.

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

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

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

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

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

56 **26B-4-1002 . Medical care for inmates -- Reporting of statistics.**

57 (1) As used in this section:

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

63 Hospitals and Clinics.

64 [~~(1)~~] (2) The department shall:

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

77 [~~(2)~~] (3) In providing the comprehensive health care described in Subsection [~~(1)(b)(ii)~~]
78 (2)(b)(ii), the department may not, without entering into an agreement with the
79 Department of Corrections, provide, operate, or manage any treatment plans for inmates
80 that are:

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

84 [~~(3)~~] (4) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

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

93 [~~(4)~~] (5) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement
94 the pilot program.

95 [~~(5)~~] (6) The department shall submit to the Health and Human Services Interim Committee
96 and the Law Enforcement and Criminal Justice Interim Committee:

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

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

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

104 [6] (7) An inmate receiving comprehensive health care from the department remains in the
105 custody of the Department of Corrections.

106 (8) If there is no contract between the department and the University of Utah Hospitals and
107 Clinics that establishes a fee schedule for medical services rendered, the department
108 shall reimburse the University of Utah Hospitals and Clinics for medical services
109 provided to an inmate at the unsupplemented Medicaid base rate in effect at the time the
110 medical services were provided.

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.