

**Effective 5/10/2016**

**64-13-30 Expenses incurred by offenders -- Payment to department or county jail -- Medical care expenses and copayments.**

- (1)
  - (a) The department or county jail may require an inmate to make a copayment for medical and dental services provided by the department or county jail.
  - (b) For services provided while in the custody of the department, the copayment by the inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription medication.
  - (c) For services provided outside of a prison facility while in the custody of the department, the offender is responsible for 10% of the costs associated with hospital care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000 per fiscal year.
- (2)
  - (a) An inmate who has assets exceeding \$200,000, as determined by the department upon entry into the department's custody, is responsible to pay the costs of all medical and dental care up to 20% of the inmate's total determined asset value.
  - (b) After an inmate has received medical and dental care equal to 20% of the inmate's total asset value, the inmate is subject to the copayments provided in Subsection (1).
- (3) The department shall turn over to the Office of State Debt Collection any debt under this section that is unpaid at the time the offender is released from parole.
- (4) An inmate may not be denied medical treatment if the inmate is unable to pay for the treatment because of inadequate financial resources.
- (5) When an offender in the custody of the department receives medical care that is provided outside of a prison facility, the department shall pay the costs:
  - (a) at the contracted rate; or
  - (b)
    - (i) if there is no contract between the department and a health care facility that establishes a fee schedule for medical services rendered, expenses shall be at the noncapitated state Medicaid rate in effect at the time the service was provided; and
    - (ii) if there is no contract between the department and a health care provider that establishes a fee schedule for medical services rendered, expenses shall be 65% of the amount that would be paid under the Public Employees' Benefit and Insurance Program, created in Section 49-20-103.
- (6) Expenses described in Subsection (5) are a cost to the department only to the extent that they exceed an offender's private insurance that is in effect at the time of the service and that covers those expenses.
- (7)
  - (a) The Public Employees' Benefit and Insurance Program shall provide information to the department that enables the department to calculate the amount to be paid to a health care provider under Subsection (5)(b).
  - (b) The department shall ensure that information provided under Subsection (7)(a) is confidential.

Amended by Chapter 243, 2016 General Session