

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH30378-MSa-121C (03/17)

Short Title: Increase Inmate Health Care. (Public)

Sponsors: Representatives Murphy, McNeill, Dobson, and Lambeth (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE THAT ALL NORTH CAROLINA JAILS AND PRISONS
3 ESTABLISH A HEALTH INFORMATION EXCHANGE TO INCREASE SHARING OF
4 NECESSARY HEALTH INFORMATION OF INMATES BETWEEN ALL JAIL AND
5 PRISON FACILITIES.

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** Article 4 of Chapter 162 of the General Statutes is amended by
8 adding a new section to read:

9 **"§ 162-51. Sharing of inmate medical information between jails and other corrections**
10 **institutions.**

11 (a) Definition. – Health Information Exchange means a computer-based medical
12 summary outlining an inmate's medical history recorded by a jail, the person's condition, any
13 treatment reported upon intake, any medical tests undertaken and the results thereof, any
14 medications prescribed or being taken by said inmate, the inmate's vital signs, and any special
15 medical needs or requirements for said inmate.

16 (b) Notwithstanding any other law, every sheriff in North Carolina is required by
17 January 1, 2018, and by January 1 for every year thereafter, to certify to the Secretary of the
18 North Carolina State Department of Health and Social Services and the North Carolina
19 Commissioner of Corrections that the jail they administer is part of the Health Information
20 Exchange and is utilizing computer-based medical software by and through which the
21 information contained in subsection (a) of this section is being recorded, along with any other
22 information that their jail medical provider shall deem necessary and appropriate for
23 recording.

24 (c) Each sheriff must further certify that the software system being utilized in their jail,
25 in accordance with subsection (b) of this section, is one that is wholly or partly designed or
26 approved by a medical doctor with experience in the provision of medical care in a jail or other
27 corrections institution setting and who is licensed to practice medicine in the State of North
28 Carolina. One of the medical doctors involved in the design of said software must be a licensed
29 psychiatrist who has worked in the practice of psychiatry in the corrections system of North
30 Carolina and who is familiar with common mental health conditions found in inmates in
31 corrections facilities as well as assessing and treating patients for substance dependency and
32 abuse and correctly documenting the same for the use and benefit of other corrections
33 institutions.

34 (d) Any software system installed, in accordance with this section, shall be capable of
35 making data regarding a particular inmate that is recorded therein available to those responsible
36 for ensuring the provision of medical care to inmates in other jails, or Department of



1 Corrections facility, within North Carolina to which said inmate is, or may be, transferred.
2 Therefore, in accordance with subsection (b) of this section, said system shall be capable of
3 either (i) maintaining the inmate medical reports, as provided for in subsection (a) of this
4 section, on a secure, online database or (ii) must be capable of printing off a report containing
5 all information provided for in subsection (a) of this section that may then be conveyed
6 manually or via facsimile or other electronic means to another jail and shall contain a Prison
7 Rape Elimination Act Reporting Module to comply with the requirements of federal legislation.

8 (e) Nothing in this section shall be deemed to be an expansion of any statutory, express
9 or implied, waiver of an inmate's privacy rights in their medical and diagnostic records. No
10 liability, for any injury to person or property, howsoever caused, shall attach to the designer of
11 the Health Information Exchange program, nor to the medical doctor approving such program,
12 nor to any person or entity who, in the course of their duties, is using the Health Information
13 Exchange program.

14 (f) Each prison or jail will be responsible to ensure the secure connectivity to the
15 central Health Information Exchange database, including IT support, cost of the scanner
16 necessary to upload outside medical documents, and any other related support except for
17 software programming or development."

18 **SECTION 2.** Article 2 of Chapter 148 of the General Statutes is amended by
19 adding a new section to read:

20 **"§ 148-19.3. Sharing of inmate medical information between jails**

21 (a) Definition. – Health Information Exchange means a computer-based medical
22 summary outlining an inmate's medical history recorded by a jail, the person's condition, any
23 treatment reported upon intake, any medical tests undertaken and the results thereof, any
24 medications prescribed or being taken by said inmate, the inmate's vital signs, and any special
25 medical needs or requirements for said inmate.

26 (b) Notwithstanding any other law, every prison in North Carolina is required by
27 January 1, 2018, and by January 1 for every year thereafter, to certify to the Secretary of the
28 North Carolina State Department of Health and Social Services and the North Carolina
29 Commissioner of Corrections that the jail they administer is part of the Health Information
30 Exchange and is utilizing computer-based medical software by and through which the
31 information contained in subsection (a) of this section is being recorded, along with any other
32 information that their jail medical provider shall deem necessary and appropriate for
33 recording.

34 (c) Each Prison Administrator or their designee must further certify that the software
35 system being utilized in their jail, in accordance with subsection (b) of this section, is one that
36 is wholly or partly designed or approved by a medical doctor, with experience in the provision
37 of medical care in a jail setting, and who is licensed to practice medicine in the State of North
38 Carolina. One of the medical doctors involved in the design of said software must be a licensed
39 psychiatrist who has worked in the practice of psychiatry in the corrections system of North
40 Carolina and who is familiar with common mental health conditions found in inmates in
41 corrections facilities as well as assessing and treating patients for substance dependency and
42 abuse and correctly documenting the same for the use and benefit of other corrections
43 institutions.

44 (d) Any software system installed, in accordance with this section, shall be capable of
45 making data regarding a particular inmate that is recorded therein available to those responsible
46 for ensuring the provision of medical care to inmates in other jails, or Department of Public
47 Safety Corrections facility, within North Carolina to which said inmate is, or may be,
48 transferred. Therefore, in accordance with subsection (b) of this section, said system shall be
49 capable of either (i) maintaining the inmate medical reports, as provided for in subsection (a) of
50 this section, on a secure, online database or (ii) must be capable of printing off a report
51 containing all information provided for in subsection (a) of this section that may then be

1 conveyed manually or via facsimile or other electronic means to another jail and shall contain a
2 Prison Rape Elimination Act Reporting Module to comply with the requirements of federal
3 legislation.

4 (e) Nothing in this section shall be deemed to be an expansion of any statutory, express
5 or implied waiver of an inmate's privacy rights in their medical and diagnostic records. No
6 liability, for any injury to person or property, howsoever caused, shall attach to the designer of
7 the Health Information Exchange program, nor to the medical doctor approving such program,
8 nor to any person or entity who, in the course of their duties, is using the Health Information
9 Exchange program.

10 (f) Each prison or jail will be responsible to ensure the secure connectivity to the
11 central Health Information Exchange database, including IT support, cost of the scanner
12 necessary to upload outside medical documents, and any other related support except for
13 software programming or development."

14 **SECTION 3.** There is appropriated from the General Fund to the Department of
15 Public Safety the sum of two million one hundred fifty thousand dollars (\$2,150,000) in
16 nonrecurring funds for the fiscal year 2017-2018 and the sum of seven hundred fifty thousand
17 dollars (\$750,000) in recurring funds for the 2018-2019 fiscal year to be allocated for the
18 licensing fees, maintenance, integration, and implementation of the necessary software as
19 provided for in this act.

20 **SECTION 4.** This act becomes effective July 1, 2017.