

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2017

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SENATE BILL 458

Short Title: Increase Inmate Health Care. (Public)

Sponsors: Senators Sanderson (Primary Sponsor); Bryant, Rabin, and Smith-Ingram.

Referred to: Rules and Operations of the Senate

March 29, 2017

A BILL TO BE ENTITLED

AN ACT TO PROVIDE THAT ALL NORTH CAROLINA JAILS AND PRISONS ESTABLISH A HEALTH INFORMATION EXCHANGE TO INCREASE SHARING OF NECESSARY HEALTH INFORMATION OF INMATES BETWEEN ALL JAIL AND PRISON FACILITIES.

The General Assembly of North Carolina enacts:

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

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

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

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

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

(d) Any software system installed, in accordance with this section, shall be capable of making data regarding a particular inmate that is recorded therein available to those responsible 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.