

SENATE MEMORIAL 132

52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015

INTRODUCED BY

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A MEMORIAL

REQUESTING THE SECRETARY OF CORRECTIONS TO ESTABLISH A
CORRECTIONS HEALTH CARE TASK FORCE TO STUDY WAYS TO OPTIMIZE
QUALITY AND EFFICIENCY IN CORRECTIONS DEPARTMENT HEALTH CARE.

WHEREAS, the legislative finance committee reports that,
over the past five years, New Mexico has spent an estimated
three hundred million dollars (\$300,000,000) in corrections
department-related spending, with roughly fifteen percent of
those funds, or forty-five million dollars (\$45,000,000), going
to inmate health care; and

WHEREAS, the legislative finance committee has identified
three major "drivers" of correctional health care spending:
the distance of prisons from hospitals and other health care
providers; the prevalence of infections, chronic diseases,
mental illnesses and substance use disorders among inmates; and

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1 the fact that the prison population is aging; and

2 WHEREAS, before the legislative health and human services
3 committee in 2014, Secretary of Corrections Gregg Marcantel
4 reported that as of fall 2014, approximately eight thousand two
5 hundred inmates have been screened for, and one thousand nine
6 hundred eight have been diagnosed with, hepatitis C, for which
7 treatment is extremely expensive; and

8 WHEREAS, the corrections department has a contract with a
9 Tennessee-based entity, Corazon health, incorporated, to manage
10 the health care of inmates; and

11 WHEREAS, the corrections department contract with Corazon
12 health, incorporated, provides that inmate health care
13 expenses, including gross receipts tax, pharmaceuticals and
14 expenses, are not to exceed one hundred seventy-seven million
15 six hundred fifty thousand dollars (\$177,650,000) for the four-
16 year term of the contract beginning June 1, 2012 and ending May
17 31, 2016; and

18 WHEREAS, in 2009, the corrections department and the
19 department of health had a joint powers agreement pursuant to
20 which, for forty thousand dollars (\$40,000), the department of
21 health provided care for inmates living with human
22 immunodeficiency virus disease, or "HIV", and the acquired
23 immune deficiency syndrome, or "AIDS"; and

24 WHEREAS, pursuant to that joint powers agreement, the
25 department of health bills the corrections department for

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1 reimbursement of costs incurred purchasing HIV and AIDS
2 medications via the deeply discounted pricing available under
3 Section 340b of the federal Public Health Service Act, also
4 know as the "340b program"; and

5 WHEREAS, the department of health and corrections
6 department joint powers agreement was not maintained due to
7 budget and legal concerns; and

8 WHEREAS, there may be possibilities for the corrections
9 department to avail itself of discounted pharmaceuticals under
10 the 340b program, but federal law requires that it partner with
11 an institution such as the department of health or the
12 university of New Mexico to provide health care services to
13 inmates; and

14 WHEREAS, legislative finance committee staff have
15 identified opportunities for the university of New Mexico to
16 provide services to inmates, some of which are currently
17 provided by Corazon health care, incorporated, pursuant to its
18 contract: clinical preventive services for disease prevention
19 and health promotion; screening and treatment for sexually
20 transmitted disease infections; family planning services;
21 low-risk prenatal care services; breast and cervical cancer-
22 screening services; counseling, laboratory testing, and medical
23 consultation related to HIV, hepatitis C and opiate replacement
24 therapy; screening and immunization for hepatitis A and
25 hepatitis B, pursuant to which the department of health might

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1 provide hepatitis A and B vaccines; infectious disease rapid
2 response for screening, contact investigations and prophylaxis
3 during outbreak control; and education related to care and
4 disease management for inmates with certain chronic diseases or
5 conditions, including but not limited to cervical displasia,
6 diabetes and asthma;

7 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE
8 OF NEW MEXICO that the secretary of corrections be requested to
9 convene a "corrections health care task force" to undertake a
10 study of health care quality and cost at the corrections
11 department; and

12 BE IT FURTHER RESOLVED that the secretary of corrections
13 be requested to direct the health services administrator of the
14 corrections department, and other corrections department
15 personnel that the secretary deems appropriate, to participate
16 in the corrections health care task force and to invite to
17 participate representatives from the following:

- 18 A. the department of health;
- 19 B. legislative finance committee staff;
- 20 C. the office of the state auditor;
- 21 D. the university of New Mexico health sciences
22 center, including one representative from the project ECHO
23 telehealth program;
- 24 E. any managed-care entity that provides health
25 care services to the corrections department;

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1 F. New Mexico health care practitioner
2 organizations;

3 G. the New Mexico sentencing commission;

4 H. a national corrections health care accrediting
5 body; and

6 I. an advocacy organization for incarcerated
7 individuals; and

8 BE IT FURTHER RESOLVED that the corrections task force be
9 requested to examine:

10 A. relating to health care outcome measures:

11 (1) an identification of the outcome measures
12 that the corrections department uses to determine quality of
13 care;

14 (2) the health care outcomes that the
15 department has tracked for the past five years, both generally
16 and in terms of the three major "drivers" of correctional
17 health care spending: the distance of prisons from hospitals
18 and other health care providers; the prevalence of infections,
19 chronic diseases, mental illnesses and substance use disorders
20 among inmates; and the aging prison population;

21 (3) the actions that the corrections
22 department has taken to ensure that health care services are
23 evidence-based services, as well as any other measure the
24 department has implemented since fiscal year 2011 to ameliorate
25 health care outcomes;

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1 (4) a gap analysis to identify the needs that
2 exist among the department's patient population and an
3 identification of the resources necessary to meet those needs,
4 by the following health care service categories: physical
5 health; behavioral health, including mental health and
6 substance use disorders; long-term care, including chronic
7 conditions; and prescription drugs and devices; and

8 (5) an analysis of the effect that health care
9 delivery within the corrections department system has upon the
10 general public's health, safety and well-being;

11 B. the cost of health care services that the
12 corrections department receives from all sources, including any
13 physical health, behavioral health, pharmacy and long-term
14 services reimbursed through a managed-care contract and those
15 for which the department makes direct reimbursement on a fee-
16 for-service basis. For the purpose of this study, the
17 department shall disclose to the task force reimbursement rates
18 for:

19 (1) each health care service or product for
20 which it makes reimbursement on a fee-for-service basis; and

21 (2) the capitated rate for which health care
22 services are reimbursed pursuant to a managed-care contract;

23 C. the measures that the corrections department
24 would be required to take to achieve accreditation by a
25 national corrections health care accrediting body;

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1 D. the possibilities that exist for the corrections
2 department to maximize prescription drug discounts under the
3 federal Section 340 program, either for all prescription drugs
4 for which the department makes reimbursement or for specific
5 categories of prescription drugs or medical conditions, such as
6 to treat hepatitis C, HIV or AIDS;

7 E. measures that the corrections department and its
8 vendors and contractors have taken to maximize efficiency
9 relating to health care claim reimbursement and a gap analysis
10 to identify the barriers to maximizing efficiency in claim
11 reimbursement and the resources necessary to maximize claim
12 reimbursement efficiency;

13 F. the opportunities for decreasing recidivism
14 through the effective delivery of health care services to
15 inmates; and

16 G. the corrections department's implementation of
17 COMPAS or another risk and needs assessment mechanism relating
18 to health care services; and

19 BE IT FURTHER RESOLVED that a copy of this memorial be
20 transmitted to the secretary of corrections.

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