

1 A MEMORIAL

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

6
7 WHEREAS, the legislative finance committee reports
8 that, over the past five years, New Mexico has spent an
9 estimated three hundred million dollars (\$300,000,000) in
10 corrections department-related spending, with roughly
11 fifteen percent of those funds, or forty-five million
12 dollars (\$45,000,000), going to inmate health care; and

13 WHEREAS, the legislative finance committee has
14 identified three major "drivers" of correctional health care
15 spending: the distance of prisons from hospitals and other
16 health care providers; the prevalence of infections, chronic
17 diseases, mental illnesses and substance use disorders among
18 inmates; and the fact that the prison population is aging;
19 and

20 WHEREAS, before the legislative health and human
21 services committee in 2014, Secretary of Corrections
22 Gregg Marcantel reported that as of fall 2014, approximately
23 eight thousand two hundred inmates have been screened for,
24 and one thousand nine hundred eight have been diagnosed
25 with, hepatitis C, for which treatment is extremely

1 expensive; and

2 WHEREAS, the corrections department has a contract with
3 a Tennessee-based entity, Corazon health, incorporated, to
4 manage the health care of inmates; and

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

12 WHEREAS, in 2009, the corrections department and the
13 department of health had a joint powers agreement pursuant
14 to which, for forty thousand dollars (\$40,000), the
15 department of health provided care for inmates living with
16 human immunodeficiency virus disease, or "HIV", and the
17 acquired immune deficiency syndrome, or "AIDS"; and

18 WHEREAS, pursuant to that joint powers agreement, the
19 department of health bills the corrections department for
20 reimbursement of costs incurred purchasing HIV and AIDS
21 medications via the deeply discounted pricing available
22 under Section 340b of the federal Public Health Service Act,
23 also know as the "340b program"; and

24 WHEREAS, the department of health and corrections
25 department joint powers agreement was not maintained due to

1 budget and legal concerns; and

2 WHEREAS, there may be possibilities for the corrections
3 department to avail itself of discounted pharmaceuticals
4 under the 340b program, but federal law requires that it
5 partner with an institution such as the department of health
6 or the university of New Mexico to provide health care
7 services to inmates; and

8 WHEREAS, legislative finance committee staff have
9 identified opportunities for the university of New Mexico to
10 provide services to inmates, some of which are currently
11 provided by Corazon health care, incorporated, pursuant to
12 its contract: clinical preventive services for disease
13 prevention and health promotion; screening and treatment for
14 sexually transmitted disease infections; family planning
15 services; low-risk prenatal care services; breast and
16 cervical cancer-screening services; counseling, laboratory
17 testing, and medical consultation related to HIV, hepatitis
18 C and opiate replacement therapy; screening and immunization
19 for hepatitis A and hepatitis B, pursuant to which the
20 department of health might provide hepatitis A and B
21 vaccines; infectious disease rapid response for screening,
22 contact investigations and prophylaxis during outbreak
23 control; and education related to care and disease
24 management for inmates with certain chronic diseases or
25 conditions, including but not limited to cervical displasia,

1 diabetes and asthma;

2 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE
3 STATE OF NEW MEXICO that the secretary of corrections or the
4 secretary's designee be requested to convene a "corrections
5 health care task force" to undertake a study of health care
6 quality and cost at the corrections department; and

7 BE IT FURTHER RESOLVED that the secretary of
8 corrections be requested to direct the health services
9 administrator of the corrections department, and other
10 corrections department personnel that the secretary deems
11 appropriate, to participate in the corrections health care
12 task force and to invite to participate representatives from
13 the following:

14 A. the department of health;

15 B. legislative finance committee staff;

16 C. the office of the state auditor;

17 D. the university of New Mexico health sciences
18 center, including one representative from the project ECHO
19 telehealth program;

20 E. any managed-care entity that provides health
21 care services to the corrections department;

22 F. New Mexico health care practitioner
23 organizations;

24 G. the New Mexico sentencing commission;

25 H. a national corrections health care

1 accrediting body;

2 I. an advocacy organization for incarcerated
3 individuals; and

4 J. any other community-level stakeholders that
5 the secretary of corrections deems necessary; and

6 BE IT FURTHER RESOLVED that the corrections task force
7 be requested to examine:

8 A. relating to health care outcome measures:

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

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

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

25 (4) a gap analysis to identify the needs

1 that exist among the department's patient population and an
2 identification of the resources necessary to meet those
3 needs, by the following health care service categories:

4 physical health; behavioral health, including mental health
5 and substance use disorders; long-term care, including
6 chronic conditions; and prescription drugs and devices; and

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

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

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

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

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

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

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

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

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