

## Study Resolution

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### **Rising cost of providing health care for state prison inmates**

Authorized by the Commission on September 11, 2017

WHEREAS, the Virginia Department of Corrections (DOC) is granted custody of persons convicted of felonies sentenced to more than one year, and has recently been responsible for about 30,000 offenders; and

WHEREAS, DOC must provide inmates with medical and mental health care and treatment, and determine how inmates should contribute to the cost of their health care; DOC cannot deny necessary health care services to inmates who cannot afford to pay; and

WHEREAS, inmate health care costs now account for 21 percent (\$199 million) of all funds appropriated to operate correctional facilities (\$949 million), and the vast majority of appropriations are state general funds; and

WHEREAS, medical costs per inmate have risen more than 20 percent during the past five years, outpacing the increase in national health care costs; and

WHEREAS, for about half of inmates, DOC provides health care directly; for the other half, DOC procures services through contracts; DOC has had some difficulty with the cost and quality of services procured through contracts; and

WHEREAS, one DOC facility, the Fluvanna Correctional Center for Women, is currently under a federal court order to monitor the quality of inmate health care, and such increased scrutiny may prompt further increases in inmate health care spending; now, therefore be it

RESOLVED by the Joint Legislative Audit and Review Commission that staff be directed to review the rising cost of providing health care for state prison inmates. In conducting its study, staff shall (i) compare the cost of providing health care to inmates to the cost of providing health care to other similar populations in Virginia and other states; (ii) identify the factors contributing to health care cost increases at facilities managed by DOC and those managed by contractors; (iii) assess whether DOC efficiently and effectively provides health care to inmates, and procures and administers health care contracts that leverage purchasing power across facilities; (iv) determine whether DOC sufficiently maintains and adequately uses inmate medical records to make strategic health care decisions; (v) assess whether DOC adequately partners with community and other resources to provide care; (vi) determine how well DOC is adapting its facilities and operations to its aging and less healthy inmate population; (vii) as appropriate, make recommendations; and (viii) as appropriate, research other issues.

All agencies of the Commonwealth, including the Department of Corrections and all state correctional facilities, Virginia Commonwealth University, the Department of Medical Assistance Services, and the

Virginia Information Technologies Agency shall provide assistance, information, and data to JLARC for this study, upon request. JLARC staff shall have access to all information in the possession of state agencies pursuant to § 30-59 and § 30-69 of the Code of Virginia including all documents related to disciplinary proceedings or actions of the boards. No provision of the Code of Virginia shall be interpreted as limiting or restricting the access of JLARC staff to information pursuant to its statutory authority.

Private or for-profit entities that receive state funding to provide health care and other services to inmates, including through contractual arrangements, are also requested to provide assistance, information, and data to JLARC for this study, upon request. JLARC staff shall, as needed, work with private entities to develop agreements that sufficiently protect proprietary information during the course of the study.

JLARC staff shall complete their work and submit a report of its findings and recommendations to the Commission by December 15, 2018.