

## **Department of Planning and Budget**

### **2020 Fiscal Impact Statement**

**1. Bill Number:** HB281

<b>House of Origin</b>	<input checked="" type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** Hope

**3. Committee:** Public Safety

**4. Title:** Prisoners; medical care.

**5. Summary:** This bill eliminates the Department of Corrections' (DOC) prisoner copayment program for nonemergency healthcare services. Under the provisions of this bill, nonemergency medical services must be provided at no cost to offenders.

**6. Budget Amendment Necessary:** Yes, Item 401.

**7. Fiscal Impact Estimates:** Preliminary. See Item 8 below.

**8. Fiscal Implications:** The DOC's current policy assesses offenders a \$5 copayment for all offender-initiated medical visits, including sick call and pre-existing medical issues and up to a \$25 copayment for prosthetics and orthotics depending on the price of the device. The DOC uses the copayment revenue to cover the technical costs associated with telemedicine services including costs for the scheduler, medical records coordinator, and system administration on the provider's end and costs for system upgrades. These telemedicine services currently provide access to specialists at the University of Virginia and Virginia Commonwealth University's health systems. In FY 2019, the revenue collected from copayments totaled nearly \$405,000. Eliminating copayments as a source of funding for these services would require a dedicated appropriation equal to this amount to ensure continued access to specialists.

The DOC reports that the agency is in the process of piloting the impact of eliminating copayment revenue by suspending medical, dental, and durable-medical-equipment copayments in all DOC facilities as of January 1, 2020. Based on the DOC pilot thus far, the agency expects the number of sick calls to increase if copayments were eliminated.

The DOC estimates that it would need approximately \$1,930,000 to cover personnel costs if the number of sick call requests were to double, which is a conservative estimate according to results of the current copayment-suspension study.

**9. Specific Agency or Political Subdivisions Affected:** Department of Corrections

**10. Technical Amendment Necessary:** No

**11. Other Comments:** None