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# OREGON STATE SHERIFFS' ASSOCIATION

## TESTIMONY SUPPORTING HB 4110

Before the House Health Care Committee / February 12, 2014

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Chair Greenlick and members of the Health Care Committee:

When someone is arrested -- whether it is by the Oregon State Police, a City Police Officer or by a Sheriff's Deputy -- they all end up in the county jail. Most don't stay very long. But some do stay for a while. For weeks. For months. For years.

And, once people are placed in custody private insurance coverage stops even though premiums continue to be paid. In many cases these inmates are in custody awaiting trial. This means their coverage is cut even though they have not even been found guilty of any crime. All the costs of an inmate's health care -- pre and post adjudication -- are borne solely within the public safety budget of the office of Sheriff. As health care costs increase, other important functions of the office of Sheriff are underfunded because of mandated care for inmates.

Sheriffs work hard and keep the cost of health care down, but they are asking the Legislature for help. Specifically, House Bill 4110 will:

- Prohibit private insurance companies from denying coverage to a pre-adjudicated insured solely because the insured is in the custody of a county jail.
- Prohibit private insurance companies from canceling a policy solely because the pre-adjudicated insured is in the custody of a county jail.

Premiums are currently being paid every month to insurance companies while they deny coverage, including for pre-existing, ongoing medical services, while an insured is in custody. If premiums are being paid, the beneficiary should receive the benefits of the health care plan.

This bill is one of Oregon Sheriffs' highest priorities in the 2014 session. I am happy to answer any questions.

**Oregon State Sheriffs' Association**

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## *Health care costs...real stories from Oregon Sheriffs:*

We had a person in jail for murder which occurred 4 years ago. We had to foot the bill for a sleep machine and for his medication for diabetes. He knew he had a small tumor in his head but it was not cancerous or growing. His attorney went to court to get the trial postponed by saying he needed an operation on the tumor. Our deputies took him to the surgeon and he was told that he could do the surgery but it would be elective for it was not a problem. The attorney told the judge that the county would not be responsible for he was a veteran. The judge bought it. He had the surgery and a couple of weeks later he died in our jail with a heart attack. We have since been billed for the surgery to about \$300,000 which as a small agency we do not have.

Rick Eiesland, Wasco County Sheriff

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The largest medical cost to us was in 2011, and as you can see in the Excel file, for one inmate we had a bill of over \$200k - though that is JUST the amount that came across our business admin desk - he believes it was even higher as part went direct to our contracted medical provider. The inmate had come to jail with a variety of medical issues that turned into a very bad case of pneumonia from which he eventually died. The cost of his hospitalization was greatly increased as he had to be on a machine that rocked/rotated him to help keep his lungs clear.

As you can see from the list provided, many are females and we deal with a lot of high risk pregnancies (drug and alcohol withdrawal while pregnant is a bad combo). There are some dialysis inmates in this bunch and many who had cardiac issues.

Pat Garrett, Washington County Sheriff  
See Excel file.

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*Type of care was detoxification of alcohol. He had to be admitted to the hospital for many days. Our cost in this was \$ 7,747.24, not including the cost to have staff remain at the hospital with him. No insurance other than his veteran insurance which didn't pay.*

*Jim Hensley, Crook County Sheriff*

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Case #1. March 31, 2010

49 year old male with acute alcohol withdraw, hypertension, numerous other ailments at risk for heart attack. Total stay was 5 days in acute care unit and related treatments and medications.

**Cost: \$51,312.97 at the time the inmate had health care and it was paid by his insurance.**

**After discovering that he was in custody during his hospital stay the hospital had to**

**reimburse insurance and we where billed the full amount.** After we received the bill and after

deliberations between myself, County Counsel and the hospital administration the total was

adjusted and we paid \$26,814.10 (emphasis added)

Case #2. September 21, 2012

41 year old female with a history of bowel obstruction was using colostomy bag and was admitted for surgery related to these issues. Total stay was 5 days in the hospital, surgery and related treatments. Total cost was \$43,059.05. She had no insurance. I called the hospital billing department and asked for an adjustment to the Medicare/Medicaid rate and after billing talked to hospital administration we paid the adjusted rate of \$21,529.51

Tim Mueller, Linn County Sheriff

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**Case One:**

At the time of arrest, a 61-year-old male was receiving dialysis for kidney failure. Treatment was covered by the VA prior to arrest. Once in custody, the VA was no longer responsible for his treatment costs. The medical provider was contacted and a lower rate for treatment was negotiated. The inmate received three treatments per week during his 11-month incarceration in Deschutes County Adult Jail. Medical costs for this inmate totaled \$307,629.33; however, Deschutes County paid \$49,800, as this was the amount billed at the lower rate. Now DOC is responsible for his care as he was sentenced to life.

**Case Two:**

Prior to arrest, a 44-year-old female was diagnosed with kidney failure. The inmate did not have any known healthcare coverage. While in custody, the inmate received three treatments per week during her four-month incarceration in Deschutes County. The agency was able to negotiate a lower rate for treatment with the medical provider. Medical costs for this inmate totaled \$216,428; however, Deschutes County paid \$30,000, as this was the amount billed at the lower rate.

**Case Three:**

While in custody, a 33-year-old male inmate was transported to the emergency room complaining of abdominal pain. He underwent surgery to remove his gall bladder. The inmate was not insured under a healthcare plan. Deschutes County Adult Jail and the local hospital have a Memorandum of Understanding in place that provides for the jail to pay Medicare rates for all inmate medical expenses. The total hospital bill for this procedure was \$19,870.31; however, Deschutes County paid the Medicare rate of \$7,617.19.

Just for your info, Deschutes County Sheriff's current budget for medical costs is \$30,000. To date we have expended \$71,000. Some relief is definitely needed.

Larry Blanton, Deschutes County Sheriff

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Last year Multnomah County admitted more than 36,000 people into our jail system. The vast majority of those who enter our jail are released into the community shortly after entering. Jail Inmates are more likely than the general public to have health problems—including high rates of drug and alcohol abuse and communicable disease. Their overall health can affect the overall health of a community if their health needs are not addressed while they are in jail. We are legally obligated to make health care available as we have the duty to provide humane treatment and care to anyone that enters our system. Providing health care is a critical function that jails must perform.

Below is information provided by Multnomah County Jail Medical Director Nancy Griffith. She has provided two recent case examples of the high cost of providing medical care to the inmate housed in the Multnomah County Jail System. At the time of incarceration neither of these two inmates had medical insurance. County jails must provide adequate care not only for the liability, but for the adverse health consequences that can occur while incarcerated. I believe these two examples help tell the story of the high cost of housing inmates that enter our jail system.

As you may know, when someone is incarcerated Sheriffs are unable to charge a third party for inmate medical costs. Last year, the total cost to Multnomah County Corrections Health for inmate health care was nearly \$3 million. The ability to charge Medicaid, Medicare, the Veteran's Dept., Oregon Health Plan (OHP) or a private insurance company would greatly reduce the costs to the taxpayers in Multnomah County.

**Inmate A** has a long history of arrests and is now incarcerated on his 49<sup>th</sup> arrest. Current charges are for Assault 2 and Harassment. Shortly after his incarceration he was sent to Oregon State Hospital for a psychiatric evaluation on his ability to aid and assist in his defense. Within hours of his transfer to OSH he started throwing up blood and was transferred to Salem Hospital for medical care. Due to a gun-shot wound in 1984 he had significant problems with his bowel and had to have surgery where his entire bowel was reconstructed and he was given an colostomy bag. There were complications after the initial surgery and Inmate A was able to process only a limited intake of food and water and he lost weight rapidly, a subsequent surgery was needed to build back some of the bowel to allow more access for nutrients. After his initial surgery he was transferred from Salem Hospital to a long term care facility, Vibra Hospital, in Portland, Oregon. He was inpatient at Vibra Hospital for two and half months before transferring to Multnomah County Inverness Jail. The care Inmate A has received for the last five months in the hospital and in the jail has allowed him to heal from two major surgeries with the addition of the life-long care for his colostomy bag. While at Vibra Hospital Inmate A's cost of care was around \$50,000 per month. With the addition of his surgery his total cost of care to Multnomah County Corrections Health is between \$250,000 to \$300,000.

**Inmate B** is an example of a high cost client with mental health concerns. She was booked in the Multnomah County Detention Center March 28, 2013. She has charges of Assaulting a Police Officer, Robbery III, Resisting Arrest, Interfering with a Peace Officer, Harassment and Escape III. She is Laos and speaks Mien, with very limited English. She is psychotic and has very few coping skills. She urinates and defecates in her cell on the floor, she is on constant suicide watch due to being mentally unstable and it is difficult to engage her because she speaks through an interpreter. Due to her psychosis she believes she is possessed and inserts objects into her vagina. Significant medical and mental health trauma occurs when that happens and she was recently transported to an acute care facility for evaluation and treatment. She is currently being treated for her mental health problems, physical trauma to her vagina and some reoccurring cardiac issues. Her length of stay in the hospital is unknown however average daily cost of an inmate in an area hospital is around \$3000. If an inmate has surgery that cost of care rises considerably.

Daniel Staton, Multnomah County Sheriff